

Doomed before birth

Study of Declining Sex Ratio in the Age Group 0- 6 Years in Selected Districts of Punjab and Haryana

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Epilogue and Prologue

- i) It is painful to note that the present study confirms that the age old practice of female infanticide prevalent in the north western plains of India especially in Punjab and Rajputana, is revisiting the present states of Punjab and Haryana in the most virulent technology induced form of femicide, namely, female foeticide. These two agriculturally prosperous states of India rank high on SDP (State domestic product) per capita and have well developed infrastructural facilities like metal road connectivity, electricity, water, irrigation, telecommunications, education and health institutions, and yet girls in these states are doomed before birth. The mother's womb that is supposed to nourish and nurture new human life virtually becomes the tomb, once it is detected that the unborn one is a female. There are villages where there are fewer than 50 to 70 girls per hundred boys in the districts that were studied in both states.
- ii) The study speaks volumes about the unholy collusion of the parents and the medical personnel who carry out this ghastly act of destruction of the female fetus without any qualms of conscience and even continue to justify the same. The reasons offered are extremely high dowry and wedding expenses, poor law and order situation that makes parents wary of bringing up girls in highly unsafe social environment, and, the likelihood of the daughter being maltreated or even killed for dowry.
- iii) The motto appears to be *spend now, save later / end now than later*. A primary school teacher had aborted three female fetuses in a row in order to get a son in one of the villages in the study. Her first issue was a female.
- iv) The communities and the authorities are aware of this rampant malady but have not yet become alive to the long term demographic and social imbalance that would be caused if this phenomenon continues unabated. The lay villagers consider this as a not only a socially sanctioned practice but also perceive sex detection and abortion services as part of the population control strategy of the government. According to them these *doorbeens* (ultra sound machines) have been distributed by the *Sarkar* for reducing the population of the country.
- v) A major finding is that people have not even heard of tests like the amniocentesis and largely the sex of the fetus is being detected by the ultra sound machines and not early enough and, hence, unsafe abortions are carried out in the second and even in the third trimester at considerable risk to the expectant mothers.
- vi) Further, discrimination against the female infants and children in dispensation of the basics of food, health care and education is evident and reflects the extremely low valuation of female life in this region and the low status of women in general and their poor economic participation and near absence in legislative bodies and decision making.
- vii) Economic prosperity does not necessarily bring equality and well being to women who continue to be exploited in new forms. The green revolution in this region has yielded only more work for women as they now support the white revolution as unpaid attendants of the ever increasing number of milch animals in the households as men enjoy leisure on account of mechanization of agriculture and squander their time and wealth on liquor and cards and betting, among others. Also, it is considered highly preposterous that daughters be given equal rights in property and hence their birth is best averted. It is considered more convenient to dispose them off as fetuses rather than having to wait for their birth and then killing them. As noted above huge dowries and wedding expenses are cited as a major reason for avoiding the birth of daughters by our respondents in Punjab and Haryana.
- viii) Our assessment is that in the north western plains, in fact in most of the northern plains, females are of little worth as they participate very little in the river/irrigation fed generation of food and cash crops compared to the high participation of women in rice cultivation and among the coastal fishing communities below the Vindhyas. Another, exogamy is practiced very widely in the northern plains by and large which assigns a temporary household member status to the girl in the natal home and as

- an eternal outsider in the husband's home. Contrast with this the endogamous marriages in Southern India where a girl is less likely to be an alien in her husband's household on account of cross marriages and inter marrying.
- ix) Women have for thousands of years grown to hate their own species on account of the values of this severely patriarchal culture which disallows even food or rest or care to the mother of a daughter and where only by giving birth to sons do they qualify for some concessions. Women regardless of class and now even caste go in for sex detection and get female fetuses aborted. The husband and the family cause this urge to destroy their own species among women and the family who are the chief abettors.
 - x) The mad race for material goods and consumerist greed drives the doctors and the dais to nefarious uses of the technology and they only appear to be responding to the social demand to destroy the female fetus. They may belong to a noble profession but having originated from the same societal set up, do not see sex detection as an unethical use of technology but as merely facilitating a social need. 'They will kill them anyway later. What is the harm if they get rid of them earlier. Tell me what will a person with five daughters do with a sixth daughter. This method will keep the family size small and increase the value of girls perhaps in the long run' (Apropos a civil surgeon in a government hospital¹).
 - xi) The heartening part is that the remedies proposed by the respondents are more in the nature of the preventive than the punitive. Punishing the defaulting doctors and canceling their medical licenses, withdrawing all ultra sound machines from the private practitioners and locating them in government hospitals for express medical use only, were some of the punitive methods proposed. Majority saw education of women and their empowerment through meaningful economic and political participation and mass mobilization through all media especially the electronic media for creating awareness on the long and short term ill consequences of declining sex ratio and the adverse effects of such tests and abortions on the physical and the mental health of women themselves and the communities in general.
 - xii) The Prenatal Sex Determination Technique (Regulation and Prevention of Misuse) bill of 1991, passed in 1994 can at best be an expression of disapproval of the heinous crime of female feticide by the policy makers and cannot cause a whole scale change in the psyche of people obsessed with sons and who are not willing to make daughters partake in their wealth. Living, she takes away their wealth in dowry and is now a claimant on the land and the immovable, at least, legally. So, who wants daughters anyway!
 - xiii) There appears to be only a single explanation for this dangerous phenomenon and that is the extreme low valuation of female life and the low status accorded to women in this part of India. The material prosperity of the two states under study appears to have created more adverse conditions for females on account of the abuse of modern science and technology. Female infanticide is replaced by female feticide. Millennia old son preference continues in this land of Aryans which had always made special prayers and offerings to beget sons only.
 - xiv) Suffice it to say that the study marks the beginning of a search for more meaningful explanation of the phenomenon of female feticide and continued indirect killing of female infants and children through sheer neglect and discrimination in the states of Punjab and Haryana. The people of this area have learnt to live with the idea that female infanticide is nothing untoward and is in the best material interest of the society, has had direct and indirect religious and social sanction and so now "what is the harm if the process is made less cumbersome i.e., rather than carrying a baby full term and killing her after her birth, it is better to destroy her before birth regardless of the physical costs to the mother or the social costs in the future".
 - xv) In a world so very concerned about the conservation of bio diversity, it is strange that millions of females disappearing each year have yet not caught world wide attention. The GDI and the GEM are silent about active and passive violence against women, their natural and unnatural killing and decimation. Will bio diversity experts and proponents think of the female species among the humans, harder than males biologically but maimed and bruised sociologically?

Section 1

Introduction to the Study

India is one of the 21 countries in the world which have fewer than 95 women per hundred men. Since the start of the century the sex ratio (number of females per thousand males) in India has come down from 972 in 1901 to an all time low of 927 in 1991. Between every census millions of females disappear from the country's population. At 1991 census, there were 407 million females in the population compared to 439 million males i.e., 32 million fewer females on the whole. In the age group 0-6 years, there were 4 million fewer girls. More alarming than the overall situation was the fact that the decline in sex ratio was of a much higher order for children below six years of age than the total population. The sex ratio fell by 8 points from 935 in 1981 to 927 in 1991 for the population as a whole and a substantial 17 points from 962 to 945 for the age group 0-6 years. According to the 1991 Census, there were 55 districts where the sex ratio was between 870 and 909 for this age group. Of these 55 districts, 11 are in Haryana and ten are in the state of Punjab. In ten districts of the country, four in the state of Haryana, three in the state of Punjab, one in Rajasthan, one in Tamil Nadu, and, one in Madhya Pradesh, the number of girls per thousand boys ranged from 849 to 867 in 1991.

It is perhaps important to note that the decline in sex ratio in the age group 0-6 years during 1981-91 is evident in all major states of the country, including the much rated Kerala which has a very favourable over all sex ratio. For instance, in Kerala the overall sex ratio rose from 1032 to 1036 but showed a decline of 12 points from 970 to 958 in the age group 0-6 years. For the state of Punjab also, the overall sex ratio improved from 879 to 882 during 1981-91, but showed a drastic decline of 33 points from 908 to 875 in the age group 0-6 years in this period. In Haryana, the decline in the overall sex ratio was to the tune of 5 points, i.e., from 870 to 865, but for the age group 0-6 years the fall was from 902 to 879, a 23 point decline.

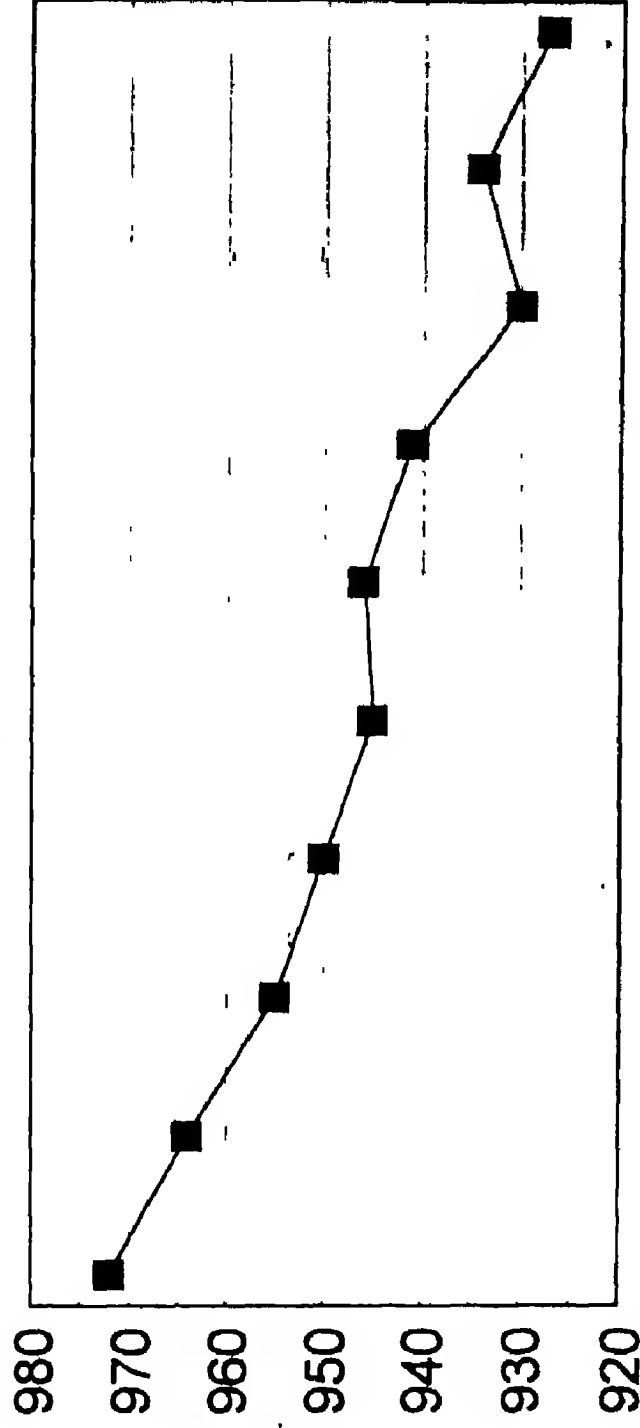
Table 1.1 Sex Ratio of total population and population aged 0-6 years, major states 1961-91

States	1961 Total Popu	1961 0-6 years	1971 Total Popu	1971 0-6 years	1981 Total Popu	1981 0-6 years	1991 Total Popu	1991 0-6 years
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
India*	943	976	931	964	935	962	927	945
Andhra Pradesh	981	1002	977	990	975	992	972	974
Bihar	994	998	954	964	946	981	911	959
Gujarat	940	955	934	946	942	947	914	928
Haryana	868	910	867	898	870	902	865	879
Karnataka	959	987	957	978	963	975	960	960
Kerala	1022	972	1016	976	1023	970	1036	958
Madhya Pradesh	953	982	941	976	941	978	931	952
Maharashtra	936	978	930	972	937	956	934	946
Orissa	1001	1035	988	1168	981	995	971	967
Punjab	854	894	865	899	879	908	882	875
Rajasthan	908	951	911	933	919	954	910	916
Tamil Nadu	992	985	978	974	977	967	974	948
Uttar Pradesh	909	946	879	923	885	935	879	928
West Bengal	878	1008	891	1010	911	981	917	967

*Excludes Assam and Jammu and Kashmir

Source: Census of India 1991, Series-India Paper 2 of 1992 Final population Totals, Brief analysis of Primary Census Abstract, registrar General and census commissioner, India

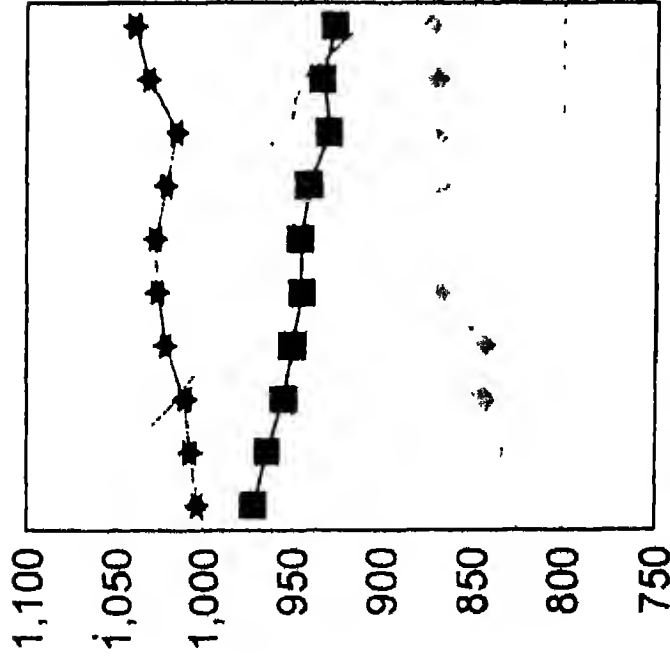
SEX RATIO- INDIA 1901-1991



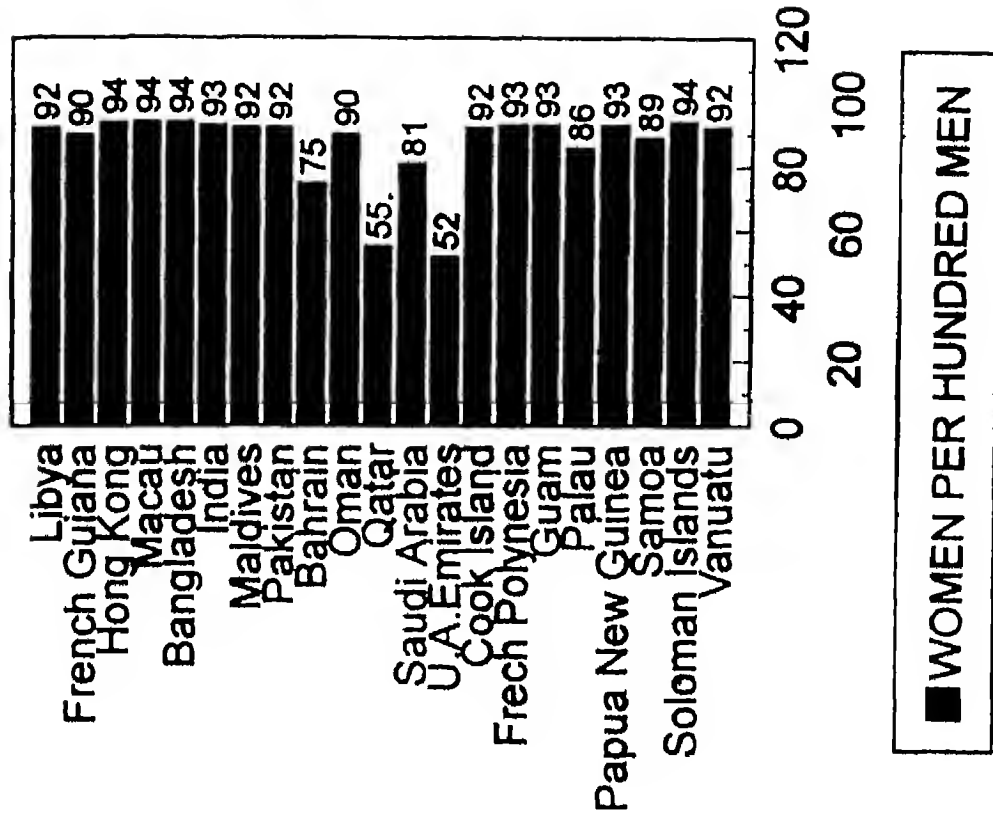
	1901	1911	1921	1931	1941	1951	1961	1971	1981	1991
SEX RATIO ■	972	964	955	950	945	946	941	930	934	927

Source: Census of India, 1991, Final Population Totals

Sex Ratio India Asia & Africa



	1901	1911	1921	1931	1941	1951	1961	1971	1981	1991
SEX RATIO India	920	925	930	935	940	945	950	955	960	940
Haryana	837	835	844	844	868	871	888	887	870	874
Kerala	1,004	1,008	1,011	1,022	1,027	1,028	1,022	1,016	1,032	1,040
Punjab	832	780	799	815	836	844	854	865	879	853
Bihar	1,054	1,044	1,016	994	996	990	984	954	946	912



The Present Study

The present study was commissioned by the Department of Women and Child Development, Ministry of Human Resource Development, Government of India in the wake of the reports of female infanticide in some pockets of India, the decline in the overall sex ratio and especially in the age group 0-6 years and increasing phenomenon of sex selective abortions. The adverse and constantly declining sex ratio in the population had drawn enough flak especially after the head count at the 1991 census. This study is an attempt to find out the causes for the adverse and declining sex ratio in the age group 0-6 years in selected districts of Punjab, viz. Amritsar, Patiala and Faridkot and Kaithal, Jind, Hisar and Kurukshetra in Haryana which showed the worst sex ratio in this age group in the country.

Specific Objectives

- i) To analyze the causes for the adverse and declining sex ratio in the age group 0-6 years in some selected districts of Punjab and Haryana
- ii) To propose effective intervention strategies to counter this trend.

The Conceptual Framework

Historical Roots

Low valuation of female life and a strong son preference have marked this region for several millennia where wars were continuously fought with invaders and internecine feuds ranged high and where probably only just enough number of women were needed to reproduce the male species, the warriors, the fencers, the food growers - and the females new born were laid to rest at birth. There is little mention of daughters or education and training of girls and women in the great epics Ramayan and Mahabharata. That there were techniques including fasts and prayers and rituals prevalent for causing the birth of male heirs as one finds that a hundred Kauravas had only one little mentioned sister, the Pandavas had none and the four wives of Dashrath bore four sons after a lot of prayers and rituals. According to *Mahabharata* (*shanti parva*) the categories of persons to be excluded from the place where the king holds any consultations were, dwarfs, hump backed, lean men, lame blind idiots, eunuchs and women (Rudra,). Among the Vedic Aryans, there were rituals practiced to propitiate the birth of sons and blessings spoke as, "Unto thy womb let a foetus come, a male one, as an arrow to a quiver, let a hero be born unto thee.... Give birth to a male, a son, after ... let a male be born, mayst thou be the mother of sons, of those born and whom thou shall bear" (Gulati, 1985).

It may be pertinent to mention here that in the north western plains of India female infanticide was prevalent almost all over the country but was deep rooted in Punjab. Emperor Jehangir strongly disapproved the custom of female infanticide. Raja Jai Singh of Jaipur in the middle of the 18th century tried to discourage these customs by decree.... However, fifteen years later in 1821 it was reported that no less than 20,000 female infants were annually destroyed in Malwa and Rajputana (Mehra, 1982). Rajputs, hated to have daughters as a result of strict caste limitations and hypergamy. A girl could not be married within her own caste nor to a male from an inferior tribe and unmarried daughters would mean family disgrace, hence, they would kill their female issues at birth itself using several methods, reports a study of the social status of women in northern India during 1206-1707 A.D. (Gupta, 1987). Rajputs found it difficult not only finding suitable grooms but also meeting the heavy wedding expenses. There was a tradition of burying of female children, when killed under the threshold, so that the spirit of the girl is kept in the house itself and not allowed to return. As a consequence, they thought sons will be born (Ghosh, 1989). In Punjab, for instance, the dead female infant was put in an earthen pot with a piece of jaggery (Gur), and flown down the river with the chanting " *Gur Khalyin, Pooni Katin, Aap na anyeen, Veer nu ghallin*" (Eat jaggery, spin cloth, don't come back yourself, send a brother) (Kaur, 1988). A strange custom known as *Sanjhi Pawan* (sharing with others) was prevalent in the central Punjab to ensure the birth of a son. Large groups of women would go the river or the bathing ghat (place) early morning and sling a volley of abuses at each other and even going to the extent of tearing each other's garments to invoke male

souls towards themselves. This strange practice is reported by Saini (1975) in her study of the social and economic history of Punjab for the period 1901-1939. A certain community were called the *Kudmaar* (killers of daughters) in pre-partition Punjab (inclusive of the present state of Haryana).

Female infanticide was widely practiced till as late as the nineteenth century when it was banned under law by the British. In the Punjab, native midwives pretended to be able to tell with a great deal of certainty whether a woman is pregnant with a boy or a girl and they could kill the child in the womb either using instruments or medicines or procure a miscarriage at any time, the death of the woman ensuing, as found in Major Paske's Report of 1867, Ludhiana (Punjab Census Report, 1881). The 1901 Punjab Census Report states, "Alike among Mohammedans, Hindus and Sikhs there were no rejoicing on the birth of a girl. Various causes, religious, social and economic combine to render female life more precarious than male." "The birth of a daughter is usually considered to be an occasion for condolence rather than a cause for congratulation. The disappointment at the birth of a girl, to the midwife, to the mother and to the women in attendance is equally great and the consequence is that all become unmindful of the requirements of the baby" (Punjab Census Report, 1911).

The Punjab plains (now divided into Punjab province of Pakistan, states of Punjab and Haryana of India, were the narrow gorge through which the Indian sub-continent was invaded time and again. Women were a necessary evil, for producing sons (warriors) who were needed to fight the enemy but they were considered a liability when victorious armies committed rape and arson as a matter of right. Daughters were killed at birth or even as invading armies rode in to villages and towns to avoid shame. Daughters were also unsafe even with some debauch local rulers. One of the Maharajas was famous for getting lifted any beautiful girl he could lay his eyes on. He left close to five hundred wives on his death just before India became free from British rule. People kept their daughters indoors and in strict purdah forbidding any outside movement for them.

That there are very strong anti-female cultural biases in the northern plains of India (more pronounced in the north-western region) lies in the socio-cultural history of this region shaped by its location on the world of atlas. Open to continuous invasions since 4 A.D., this region has experienced intense violence (rape, molestation) against its women by the invading armies making female security a major problem for these people. Constantly engaged in wars and in meeting the ecological challenge of extreme cold of 0 degree Celsius and below and summer heat at 50 degree Celsius; the freezing chill of the winter, the *loo* (hot winds) of the summer - fighting the weather and fighting the enemy, this land of plenty developed a strong patriarchal system with strong son preference, its kinship and marriage patterns not only excluded women from the right to property but were exclusionary in many ways. Women, if not killed as infants, grew up in a cloistered mode of existence, behind the veil (in *purdah*), and were transferred in marriage very early to far off places into households totally unrelated by kin. A veiled bride often a child, seated in a palanquin, entered the husband's household - among complete strangers with doors to the natal home shut on her for ever. (Nayar, 1994)

"Don't ever come back. You will enter your husband's household in a palanquin. You will step out only on the bier". Goes the *I'adhu Shiksha* (the sermon given to a bride at the time of marriage) that lays down the ground rules for a girl, never to step out of her husband's home without permission, never to complain or utter a word of dissent, serve her husband and in-laws dutifully, never to look back at her *maika* (natal home), in fact a total surrender of her self, her personhood, giving up even her first name and the family name. On arrival at her husband's house, the rituals command her to produce as many sons as the *til* seeds she picks up from the *praat* (a large metal plate) and a small boy is placed in her lap to wish her the birth of a son. A brotherless girl is despised. If the sons die but the daughter continues to live, she is considered the killer of her brothers. There is still a custom of breaking a lump of jaggery on the back of a girl child who is followed by a male child (Mies, 1980). She is seen to be auspicious and is valued and often named as *Veeranwali*, *Bharanwali* (the one with brothers), *Sukhe ladi* (much wanted). The names *Veeranwali* and *Bharanwali* were at times given to girls in anticipation (Nayar, 1995).

Female infanticide has been reported to be practiced by some groups even now where female infants are consigned to death as soon as they open their eyes. A case study of female infanticide in contemporary India among the Kallar community of Tamil Nadu sees hypergamous marriages and the need to give large dowries to daughters was causing the killings of female infants and unmarried daughters are seen as a stigma a family is unwilling to face. Further the killing of a female is seen as hastening the birth of a son. In any case, female

children are seen to be bringing the family nothing but ill luck to the family. The trained Dai (midwife) in the local maternity centre has been a witness to the ghastly act of female infanticide. Some of the female babies she helped deliver were done away with in various ways, the father stepping on the throat of the infant, by feeding the female infant with the poisonous milk of wild oleanders resulting in instant death. This plant is often grown by the Kallars in their courtyard for use in the event of the birth of a female infant. Stuffing the mouth of the female infant with grains of coarse paddy leading to death due to choking. A doctor at the local hospital laments that Kallar women abscond from the hospital if a female infant is born. Of the average 1200 deliveries performed annually, half are girls, of these six hundred female infants an estimated 570 vanish with their mothers and of these an estimated 80% become victims of infanticide. The economic overtones in the form of dowry and post marriage expenses rather than the desire to kill, is perhaps the real culprit. This act of killing was captured and televised by the Door Darshan (Chandigarh, 1982).

Since the 1980s, a more virulent form of femicide is occurring on large scale in several areas where female fetuses are destroyed after sex detection by some tests that are advised only in case of suspected deformities or complications in pregnancy. Women are abettors to the decimation of their own species, such behaviour is born out of self hatred, poor self esteem and the fear of daughters being subjected to the same cruelties and the indignities they themselves have faced. Further, strong son preference leads to the conscious and unconscious neglect of female infants and children resulting in higher morbidity and higher mortality among them as compared to their male counterparts.

Son Preference and Daughter's Neglect: A Trans Cultural Phenomenon

Son preference is a trans cultural phenomenon, more marked in the Asian cultures. The preference for one sex leads to conscious and unconscious neglect of the daughters resulting in their low, often negative self esteem and since times immemorial to their decimation and extermination. The sex ratio (number of women per 100 males) is adverse and constantly declining in the most populous countries of the Asian region. A girl is now not allowed to be born, is killed at birth or simply left to die, because her parents, her family do not want her. She is a liability to be shed at the earliest from the womb, from the breast, soon after birth or before, she turns five. Undernourished, NAKU'SHI (the unwanted one), is the family drudge, looking after her younger brothers and sisters, as early as when she is six. She is often married as a child, even as a babe in arms, and, faces high risk unsafe motherhood, producing sick low birth weight babies, whose survival rate is low. The grind of the female life cycle begins - unwanted at birth if she survives, the disparaging barbs leave her with no self respect. And, further, she is schooled at home, to learn to obey, to listen, to work hard as a preparation for what awaits her in her husband's house or else she would be beaten up and punished (Nayar, 1994).

A temporary member of her natal home, her transfer to her husband's residence in patriarchal and patrilineal cultures is equated with shedding of a liability, often as a good exchanged for money in certain groups. She remains an outsider in her husband's household especially if it is a joint or an extended one. Her first brush with her low status is - special foods, clothes, rest and leisure occur on the birth of a son. Her acceptance grows and she lives through her son and becomes powerful and in command when her son grows up. The son brings her approbation when he is small and later a bride who will come and take over domestic chores and will also bring in a dowry. Having sons is good economics and good politics too, for very often, she takes over the reins of the household/ family decision making in her hands, as a surrogate patriarch. And, she is not willing to share her son with another woman for she remains unfulfilled for want of love and affection from the husband in cultures where any outward display of emotions or tactile behaviour with a member of the opposite sex is disallowed. The film songs, boy and girl chasing each other around a tree in a park, the great *ghazals* and poetry depicts romance and amorous behaviour and become a vicarious source of experiencing such emotions. A girl if she survives, the first years and dangerous pregnancies, ends up by having poor self confidence and a negative self image. Hated by others, she develops self hatred and is paranoid at the thought of reproducing one of her own kind who will suffer the same fate. The older women aid and abet in her seeking sex detection tests and induced abortion of the female fetus. Women, thus, connive against their own species and infect communal Harakiri when they kill a female in the womb or after birth (Ibid).

A girl is an unwanted child. Even when there is no strong preference for sons, very few cultures actively prefer daughters. Some cross cultural studies found a clear son preference in India, Turkey, South Korea, Mexico, Taiwan and among the populations of Chinese origin in Thailand and a mixed pattern where preference was not

firmly in favour of sons in Jakarta, E Java, Philippines, among Thais in Thailand and Malays in Malaysia (Freedman and Colombus, 1976). It may, perhaps, be mentioned that while patriarchy and patriliney were firmly rooted in the former set of countries, the latter were gender egalitarian tribal societies till the advent of Islam and Christianity. Even now, for example, in Philippines the daughters look after their parents during old age and hence are highly valued. A world fertility survey (1983) found that of the 40 developing countries studied, countries with strongest son preference were Bangladesh, Jordan, Korea, Nepal, Pakistan and Syria (see table below). In Asia, Malaysia, Sri Lanka, Thailand, Turkey and Yemen Arab republic were countries with moderate son preference. Nine of the eleven African countries studied - Camaroon, Egypt, Ivory Coast, Lesotho, Morocco, Nigeria, Senegal and Sudan - also recorded moderate son preference. Of the 12 Central and Latin American countries studied, only two - Dominican Republic and Mexico - had son preference, and that too, moderate. Eight showed equal preference for sons and daughters while in Jamaica and Venezuela, daughter preference prevailed.

Table : 1.2 Preference for the Sex of Children

Country	Index of Son Preference
Strong son preference	
Pakistan	4.9
Nepal	4.0
Bangladesh	3.3
Korea	3.3
Syria	2.3
Jordan	1.9
Moderate son preference	
Egypt	1.9
Lesotho	1.9
Senegal	1.5
Sri Lanka	1.9
Sudan	1.9
Thailand	1.4
Turkey	1.4
Fiji	1.3
Nigeria	1.3
Tunisia	1.3
Yemen Arab Republic	1.3
Cameroon	1.2
Dominican Republic	1.2
Ivory Coast	1.2
Malaysia	1.2
Mexico	1.2
Morocco	1.2
Equal preference	
Guyana	1.1
Indonesia	1.1
Kenya	1.1
Peru	1.1
Trinidad and Tobago	1.1
Columbia	1.0
Costa Rica	1.0
Ghana	1.0
Panama	1.0
Paraguay	1.0
Portugal	1.0
Haiti	0.9
Philippines	0.9
Daughter Preference	
Venezuela	0.8
Jamaica	0.7

* Index of son preference - Ratio of the number of mothers who prefer the next child to be male to the number of mothers who prefer the next child to be female

Source - World Fertility Survey, Cross-national Summaries, number 27, October 1983 and First Country Reports

The Economics of Son Preference. In Taiwan, daughters were commonly referred to by epithets such as "goods on which one loses" and "water supplied on the ground", while "Abu-banaar" meaning "the father of daughters" is an insult in Arabic, representing just one of the countless ways in which Middle Eastern women learn how little they are valued (Chen et al, 1981). Among the Iteso in Uganda, the euphemisms and aunt or grandmother would use if asked about a newly-born child in the family are: "It is the central pole" if it is a boy, and "It is only a prostitute" if it is a girl. The boy is the central pole because we will carry on the ancestral love, building may huts with central poles to support the roof, the girl is a prostitute from the time of birth because she will be brought up to be married in exchange for cattle.

In Bangladesh, to have a daughter is like "watering the neighbour's tree" - nurturing something whose profits will accrue to someone else. Economic reasons for son preference are very prominent in pre-dominantly rural societies. Sons are expected to provide labour as well as bring in a bride, "an extra pair of hands" (Sabir and Ebrahims, 1984). Parental expectations differ from boys and girls for instance, the economic obligations of sons towards parents are far greater and in most Asian cultures, sons have to look after the parents in their old age (Greehalg, 1985). In societies where women's productivity is high or where the demand for female labour in agriculture is high, girls are valued. There is a hypothesis that since women have a greater role in rice growing, they are valued more, as in South India. Against, thus the wheat belt of India, the northern plains use bullocks, now tractors, and hired labour (Punjab and Haryana) and thus do not depend on women. The female participation rate in these states is as low as 5 to 6%. Likewise, Pakistan part of the same wheat belt reports female participation rate of 6%. (Moore, 1973, Nayar, 1989). A study of rural households in India shows that allocation of share of household resources to girls is higher where women are employed in the labour market compared to non working mothers. (Rosenzweig & Schultz, 1981)

It appears from the above studies that economic factor plays a major role in low valuation and neglect of female children. It may also be argued that what is offered as cultural explanation of gender discrimination is finally rooted in access to and distribution of land, assets, resources. The kinship patterns play a part. Women have greater freedom of movement where they inherit or otherwise acquire and retain property and also, have relatively more control over their sexuality. This is exemplified in matrilineal cultures (as in Garos and Khasis in North-Eastern India) and till recently matrilineal Kerala. In the northern states despite equal inheritance laws, women are deprived of capital resources and face subjugation and are kept out of the production system.

An index of son preference for India worked out by Bhatia (1978) found that this phenomenon is much stronger in North India, especially in the states of Punjab and Haryana in comparison to South India. A comparative index of son preference shows variations, 31.3 in Rajasthan compared to 11.5 in Tamilnadu and 20.2 for India as a whole. The demographic implications of a son assumed to survive father's age at 65, has been estimated to have an average family size of 6.3 children according to a computer simulation model on son preference (Ramabhadaran, 1984). Son preference and discrimination against daughters are two sides of the same coin. Child rearing and socialisation practices differ for these set of children in Asian cultures.

Birth and Death Rituals The birth of a son is cause for celebration and elation, a daughter is received with sighs. In a government dispensary on the outskirts of Delhi, the Capital of India, the DAI (Midwife) announces the birth of a son by loud banging of a brass thali (plate) and for a girl she breaks an earthen pot (*theekri*). A boy is precious like metals and a girl is only dust. Perhaps that is how Rabindra Nath Tagore wrote:

She lies in the dust in dishonour
Deprived of her seat,
Remove her shame
To give her a place
In THY HOUSE OF MAN

But even today, the tribals of Central India celebrate the birth of a girl with the same gusto and aplomb, even if some rituals differ. They celebrate the birth of life, the birth of a child. Sex ratio is favourable to females amongst the tribals who are outside the Hindu religious fold or have been hinduised recently. Animism and nature worship marks these groups and invariably a local female deity along with the ancestral spirits are propitiated. It is estimated that these are the descendants of the matrilineal Harappan culture, pushed into the

forests and mountains by the Aryan invaders. A girl is seen as an economic asset by them. She helps the mother who is the main economic provider in these subsistence households. Boys play and men laze or lie drunken. When the girl grows up, she earns her parents the *bride price*. The ills of this custom are as lethal as those of the groups where it is customary to give a dowry to marry off a girl (to get rid of her) or for buying a groom. In cultures where the custom of bride price exists, it is possible for a sixty year old man to buy a ten year old bride and a younger man often has to wait for years to collect enough money, even at times working in the house of the prospective in-laws. Many a times, he has to go without marriage. In patrilineal caste Hindus and even certain Christian communities like the Syrian Christians of Kerala, dowry has to be paid for marrying off the girls at any age. So her birth is seen as a liability, an impending economic drain and a boy is received in this world as an asset as the one who will repay the three debts with which a man is born in the Hindu society: one to gods, one to sages and one to his ancestors. He pays these debts by obeying his elders, learning his job, marrying and begetting children, gives and receives gifts, attends ceremonies and performs rituals. He is the *Karta* (The Doer) and his wife is a *Jaya* (the bearer of children) and *bharya* (one who must be fed and supported). He has to act as the *Bharata* (the provider) (Gulati, 1985).

Given the low status of a sinner, it is not surprising that the birth of a girl was not welcome. A son was necessary to help the householder to fulfil his 'this worldly tasks' and for ensuring a proper place in the 'other world'. There is a reference to a ritual known as *Pumasavana* (a rite for quickening the birth of a male child). Vedic hymns recited on this occasion mention *puman* or *putra* (a male). In the Atharveda and Samveda Mantra Brahmana, we find prayers for male children, the husband praying along with his wife. A son saves his father (the *trayeta*) from the hell called *Put*, therefore the male child is called the *Putra* (one who protects from *Put*, the hell). The father throws his debt on the son and obtains immortality, if he sees the face of a living son. Through a son he conquers the world, through a grandson he obtains immortality and through the son's grandsons he gained the world of the sun. (Ibid). The A'sv. grh (I 13.2.7) describes the *pumasavana* rite as follows. He should in the third month of pregnancy, under the constellation *Tisya* give to eat to his wife, after she has fasted, in curds from a cow which has a calf of the same colour (with herself) two beans and one grain of barley for each handful of curds. What dost thou drink? What dost thou drink? She should reply "pumasavana" (generation of a male child) (Ibid).

There is not a single word for the daughter. A wife is asked to be mother of sons and only sons. As upon her sons depended a woman's destiny, it was natural for her in her helpless condition to perform austerity and penance to get them. She is praised for bearing a son. "Thou art *Ida*" the daughter of *Mitra* and *I'aruna*, thou strong woman hast borne a strong son. Be thou blessed with strong children, thou who hast blessed us with a strong son. The position of a girl born is such that she was valued as an object for marriage or exchange, occasionally for lending. A man with only daughters, could have a resident son in law (*Ghar Jamai*). A son was and is a must to carry on the family name for looking after aged parents and for performing the funeral rites and a daughter in post Vedic period became an item for *daana* (donation). Perhaps scarcity of girls arising out of extreme obsession with the birth of sons caused a time when it became necessary to have at least one daughter for performing the ritual of *Kanyadaan* (donating a girl in marriage rites), again, to go to heaven. This rite does not find any mention in Vedic literature. And it perhaps stands to reason, you need a womb to nurse and nurture a male progeny, therefore, this receptacle is a necessary evil.

The present day technological advances are and perhaps soon planning to replace a womb, with incubators where under controlled conditions, the sex and genes pre-selected will fertilize into a human embryo and as an infant. Women in the west are themselves rejecting the institution of marriage and mandatory motherhood. They are asserting their right to be mothers or not, right to live and cohabit without the formal bonds of marriage. Continuing family name, the lineage are not consequential and their funerals are not contingent on the presence of sons. In Hindu societies, not only a son is required to perform the funeral and other death rites (one among them feeding a large number of people, whole village/s at times), but only a male can chant the hymns and verses (the *mantras*, the *shlokas*) as a funeral. Only in recent years has a Brahman woman taken over this hereditary function on the demise of her father against vehement opposition in North India. Over time she has not only been accepted but is eagerly sought after (1).

A dead female child was propped up against a tree far away from the village for the night to see if a male child was in the offing. If her corpse was dragged away by jackals, it was seen an omen a male child follow, if not, there was foreboding of doom, another girl would be born (reported in Gazetteers of Punjab). There are pockets

where a female child is sacrificed to be get a son even now. There are popular sayings like, *Pendo bhalo no kas ko, Beti bhalo na ek, Deno bhalo na baap ko, Sahib rakha tek*, which run down the birth of a female child and likens it to a curse. Walking even for a kilometre is tiresome, not even one daughter is desirable, owing a debt even to your father is not an honourable act either; oh God keep my honour! Mothers fear the birth of a daughter "As the *turiyan* leaf trembles with the gust of wind, my heart trembles at the thought that I may give birth to a daughter". Traditionally, the midwife is paid well and birth of sons is heralded with drums and rejoicing, that of girls is unwelcome and at best greeted with a deafening silence. Again, in the North, girls are not counted as members of the natal household. Asked how many children you have? Only number of sons are quoted oh she belongs elsewhere, a *Paraya Dhan*. South of India was considered a safer place for women (separated by the Vindhya Mountain Range) relatively untouched by external invasions till the discovery of the compass and steel which unleashed colonial trades. But even there a Telugu saying goes, "Spending on girls is like watering a plant in a neighbour's house" This sentiment reverberates in many Asian cultures and there are equivalent old Chinese sayings to this effect (Nayar, 1995)

The phenomenon of open female infanticide was banned through a formal legislation in India, by the British but the practice continued, more clandestinely in the north western plains. In a certain community (Bhatti, Rajputs) in Rajasthan, in about 12 villages, no female infant was allowed to survive - the brides were imported from other areas and no marriage of a girl had taken place in the last 90 years. (A press report in India Today) Having to marry a girl off in the North meant, not only giving a dowry and undergoing huge wedding expenses entertaining the bridegrooms party for days on an end, but suffering the humiliation of laying your head gear (girls father's) at the feet of the boys father after the wedding ceremony. This impending slight was associated with the resentment to the birth of a girl child - a male ego hurt. The family and the friends tease, "Lower your moustache and your voice. You are now the father of a girl" (Nayar, 1994).

Female infanticide has been reported among certain communities in the South of India, mentioned earlier by us. Only one mother who killed her twin female new borne has been prosecuted. A recent television report (official) televised on the national hook up had somehow captured this act live, the juice of some poisonous berries applied to the breast of the young mother who suckled away her babe to death. In patrilineal landowning communities, controlling female sexuality for maintaining the purity of lineage (I would say "Surety") has been an obsession. A related phenomenon of early marriage in patriarchal, patrilocal kin groups, having a girl born is a curse and must be gotten over at the earliest. Girls are married early in the northern plains, as early as she is big enough to fit into a *Thali*, a circular metal plate with diameter of about 15" to 18". Hence, marriage is not necessarily by vertical height but by household length. In Gender Studies conducted by us in 44 districts of the country, we found village after village in Madhya Pradesh where nearly all females were married, babes in arms, toddlers, below ten, below fourteen - sixteen years. They were all products of *Thali* marriage. The bright red *Sindoor* (a red powder) in the central parting of the hair, Kohl in eyes and total nonchalance, these girls (older among them) only knew they were married without knowing the significance of the word marriage. They would be sent to the boys house on becoming *Savani* (mature). It means start of the menstrual cycle and now with some awareness coming in, at the age of sixteen and even eighteen after *Gauna* (a ceremony when the bride is transferred to the husband's home). I use the word transferred, for she is a silent spectator, almost a piece or a good exchanging hands. In Rajasthan, child marriages, 40,000 or more are performed on a single auspicious day (*Akha Teej*) and these include grandchildren of ministers and public personalities. These are mass marriages done in a single ceremony to save the wedding expenses of grown up marriages for it becomes more and more expensive to find a groom as the girl grows up in years. This is then the economics of child marriage in India, earlier the cheaper. As mentioned earlier, the fear of public shame and censure was strong. A large number of districts of Tamil Nadu and other southern and western states appear to have joined up with the North in the exercise of female infant killing.

Discrimination against Daughters Discriminatory attitudes against female infants and children are a reflection of the low status accorded to women in a culture. Discrimination is both overt and covert, the latter is hard to detect and still harder to prove. Girls receive differential feeding and differential health care which have serious implications for the health of girls and women. Outright partiality towards boys is observed in matters of assisting the mothers in domestic chore, child care and the arduous tasks of fetching water and fuel. Boys are, generally, exempt and are allowed to play, explore and even loiter and girls are expected to be confined to inside space. Gender disparities in educational participation and attainments are visible, more particularly, in the

Indian sub continent and some West Asian and Pacific Islanders. The result is women from these countries form two third of the illiterates in the Asian Region. Further, sex bias affects the self esteem and self image of the lesser child, the girl and socializes her to accept subordination and even violence (Nayar, 1994)

Differential Feeding: Even though women cook and distribute food, girls get lesser amount to eat. Special foods and best portions are served to men and boys. Discriminatory feeding starts as soon as the girl is born. The period of lactation for female infants is kept shorter in order to hasten the next conception in the hope of getting a boy. According to a Muslim colleague, in Islam, girls are to be breast fed for not a day longer than one year and nine months whereas the male child can be suckled up to 2 years and 3 months. A comprehensive review of ethnographic studies mention sex differential nutrition in a variety of cultures and was found to be far more intense in agrarian cultures compared to hunters and gatherers (Rosenberg, 1980). In Fiji, meal time seating arrangements are decided according to seniority and sex. The husband sits at the upper end of the eating mat and next to him sits his eldest son and then the children. The daughters and mothers sit at the lower end of the mat and serve food. Girls learn their duties early. Senior members are served food, while women serve themselves the last. In traditional context, they would start eating only after all other members (males) have eaten and moved away (Asesla, 1983). I was personally intrigued to see this scene enacted in a tableau on display in their national museum - men eating and sipping *Kava* (a root drink) and women and girls waiting on them during my visit in 1986. The same custom was prevalent in Torres Strait Islanders (Webster 1942) and in Arabia everywhere women and children eat whatever is left after men (father and older son) have eaten (May, 1961). In traditional Far East Societies, the small amount of food available was distributed unequally with the lesser share given to sons, and, daughters practically starved. Hence frequent epidemics took a heavier toll of girls than of boys (Fang, 1946)

Contemporary societies exhibit the same attitude. In 898 villages surveyed around the world males were given priority in the family food distribution (Schofield, 1979). In many East African countries, young women and girls most in need of optimal health for the task of child bearing, receive the dregs of meals and observe food taboos (True blood, 1970). Several other studies from Africa mention it is customary for women as children to eat last so they get very little share of costly proteins, meals etc (Alabi, 1970)

Boys are breast fed longer, 38% girls compared to 18% boys were introduced to solid foods before six months of age in an urban slums of Pakistan (in Lahore). Mother believed longer the boys were breast fed, the stronger they would be (Sabir and Ebrahim, 1984). Similar ideas are found in Turkey, a girl is breast fed upto one year six months, whereas boys are nursed until he is two and half and is treated very tenderly (Goode, 1963). An intensive study of a village of Western Uttar Pradesh in India showed similar findings of discriminatory feeding practices (Khan, 1985). When the first child is a daughter, a woman is encouraged to be pregnant immediately for a son by the husband and the mother in law. Soon after they conceive, these women stop feeding daughters. If the first born is a son, next pregnancy is postponed through abstinence. Even where normal food is distributed equally, milk, eggs, meat are given to boys for they are the future bread winners and also that such high calories diet will make girls grow up fast to reach the age of menarche which is seen as a catastrophe for parents have to arrange dowries. Further, boys run around, move freely and digest food faster and this is seen as a natural difference. A Bangladesh study found the male energy intake exceeds that of females by an average of 16% among children under five years and 11% among children between the age 5-14 years. (Chen et al, 1981). Another study in Bangladesh reported boys received more breast milk, cereals and dairy products (Brown, 1982). In a Philippine study of rice growing community males were found better fed, male pre-schoolers, they were the best fed and female adolescents the least adequately fed (Venezuela, 1979). Sex differentials in food practices lead to a higher incidence and higher degree of malnourishment among female children in Bangladesh (Chen, 1981), Pakistan (Sabir and Ebrahim, 1984), Syria (Cook and Hanslip, 1964), and India (Graves, 1976)

Three communities of Bedouins were studied for the nutritional status of pre-school children, female children in all three communities were found disadvantaged especially in the nomadic communities (Sabai, 1981). Two studies from Iran also found substantial male female differentials in the nutritional status of pre schoolers. The incidence of PEM (protein energy malnutrition) was twice as high among girls compared to boys and boys were brought to the clinics more often than girls (Djazavary et al, 1983, Froozani, 1980)

A large number of Indian studies have been done. Some of these well known ones are the Morinda study in Punjab state. Sex was found to be the most significant determinant of food intake. The male females

differentials were far greater among lower caste Ramdasias. Both Ramdasias and Jat mothers, breast fed male babies longer (Levinson, 1974). Another study in Ludhiana, India found the Scheduled caste (historically disadvantaged castes and tribes notified for affirmative action under the Indian constitution) girls were more deprived than the upper caste girls and Scheduled caste children as a whole were more malnourished than children in the non scheduled caste category. (Zachariah et al 1980)

Care During Sickness: Fewer girls than boys receive timely or adequate medical care during sickness in large parts of Asia, still. If they are treated, it is usually by a traditional healer. Boys are likely to be taken to a more qualified doctor. Hospital records of some Indian hospitals, show that more boys are brought in for treatment than girls, who are usually brought in when their illness has become critical. Studies show that the expenditure on the treatment of girls is often less than half that of boys (Ghosh 1985; Nayar UNICEF 1990)

Three times more malnourished girls than boys (48 girls, 15 boys) were seen during the home visits, but only 8 out of 23 undernourished children brought to the clinics were girls (Graves, 1976). Another Indian study reported that among children admitted to the hospital, the boys outnumbered girls (50:1 ratio) but field studies showed PEM was four to five times more common among girls (Gopalan, 1972). A report of performance of under five clinics in India showed that among children brought for treatment boys (42%) showed greater improvement in one year than girls (35%). Two girls died. The results were anticipated since there is a tendency to give more importance to male children (Zachariah, 1980)

In Lagos, Nigeria the sex of the child was found to be one of the factors affecting use of the primary health care clinic for children with a boy having better chances of being brought to the clinics than a girl, "perhaps due to the preference for boys among the various cultural groups" (Akesode 1982). Two studies from Egypt one from rural Menoufia and another from the Bab El Shareya Hospital in Cairo, the first of these is an analysis of survey data from Menoufia in which mothers reported the treatment they had given their children in case of diarrhea episodes. It was found that girls were less likely than boys to receive any outside treatment girls in the youngest age group, with the highest prevalence of outside health care, were much more likely to be taken to a health unit, whilst boys were taken to a private doctor. Sex differentials in type of treatment were less noticeable in the older age groups, for whom any outside treatment was less common (Makinson 1985). The Bab El Shareya data showed few differences either in proportion of each sex displaying symptoms on entry, or in mothers' behaviour towards their children. What did differ was the greater likelihood of death of female children admitted, perhaps more disadvantaged nutritional status - contributed to the girls' death observes the investigator (Makinson, 1985; Greenhalg, 1985)

Similarly in the urban slum in Lahore, Pakistan, while the prevalence rates of various illnesses were the same for both boys and girls, parents were more concerned about the health of their sons and spent money on consultation of private practitioners and treatment: 58% of ill boys were taken to a private practitioner as against 37% of ill girls. More than double the number of girls who were ill (27%) as against boys (12%) were not taken for any medical treatment (Sabir and Ebrahim, 1984). However no differences were found in the immunization rates between boys and girls. It is probable that immunizations in the above case were free of cost. It was found in Korea in the Kanghura Community Health Project that when measles immunizations were provided free of cost the proportions of boys and girls being immunized were almost equal, but when a small fee was charged, the proportion of girls fell to little above a quarter (Wara, 1981). This type of behaviour is more a conditioned response in a situation of scarcity, where limited resources need to be optimally invested. Regardless of whether discrimination against daughters is casual or deliberate the damage it does to female health is considerable. For the time being more girls die out of neglect and discrimination - Poverty and Gender combine is deadly

Born Female - Born to Die

Being born female in large parts of Asia is a hazard. The dice is heavily loaded against the female form, from womb to tomb. **The SUN smiles on SONS** from Tokyo to Ankara, from Beijing to Karachi, Delhi, Dacca. The girls, were and are given instant death in the womb or after birth or die of the slow poison of deliberate neglect of health, nutrition, medical care in early years of unsafe teenage motherhood and recurrent pregnancies resulting in high maternal mortality often in search for a son. The net result is there are less than 95 women per 100 men in Asia which offsets the world balance in favour of men who are biologically weaker of the two human species

Causes for higher female mortality in India range from female foeticide, female infanticide, a conscious neglect of health and nutritional needs of a female from birth, through adolescence to youth. Early marriage, unsafe motherhood, lack of medical attendance at child birth, poor health and development infrastructure, illiteracy and discriminatory socio cultural values and attitudes, beliefs and practices compound the already precarious condition of females especially in large parts of rural India where three quarters of our population lives. Excess of female mortality over males by age 2 and 5 is prominent in low sex ratio districts/regions (Nayar, 1993). Analysis of patterns of infant and child mortality between 1951-1985 shows that although infant mortality rates are closing between the two sexes, the regional variations are wide and the rural urban divide the widest (Premi, 1991). The number of female deaths per 1000 live births up to age five is higher for females; 172 for girls compared to 160 for boys in rural areas and 98 and 92 respectively in urban areas (1981 Census). Further, this phenomenon is typical of low literacy, low sex ratio states of northern, north western plains and except for the famous female infanticide district Salem, the gender differentials Q2 and Q5 are minimal in Southern parts of India. Females are biologically the stronger of the two species. The higher attrition rate of male foetuses and higher still birth rate for males stands as evidence of this as does the higher death rate of male children in the developed world. India follows the universal pattern only in the first week or the first month of life after which the female death rate exceeds that of males right up to the age thirty five (Ghosh, 1985, Navar 1993).

a son even now

Women now live longer than men nearly every where, yet, for every 1000 men, there are only 986 women in the world. In 1995, it was found that 70 out of 72 countries of the world with fewer women than men in their population were from the developing regions. Of the 21 countries with fewer than 95 women per 100 men, all but two are in the Asia and the Pacific Region. In all other regions there are more women than men; 105 per 100 men in the developed region, 102 in Sub-Saharan Africa and 100-103 in Latin America and the Caribbean. The ratio of women to men and vice versa is determined by three premier factors, viz., the sex ratio at birth and the difference in mortality and migration pattern among men and women. The sex ratio at birth is biologically stable at about 105 to 106 male births to 100 female births unless deliberate intervention is done in sex selection before birth. Any deviation from this "biological" sex ratio at birth indicates selective interference. In a few Asian countries, there is some evidence that sex ratio at birth deviates from the norm in favour of male children reflecting the traditional very active preference for sons and gross discrimination against females at birth and now even before birth. Such imbalances in reported sex ratio at birth can perhaps be explained by female infanticide, under reporting of female births and increased availability of medical technologies that aid and abet in sex selective abortions. Modernization, ever higher consumption levels accompanied by decreasing fertility (a single child/ two child family) is leading to still greater discrimination against the girl child in some societies. Couples who already have children are less willing to accept another daughter and more willing to practice sex selection.

Table 1.3 : Estimated male live births per 100 female live births in major states 1981-90 (Sample Registration System)

Major States	Male live births per 100 female live births
India	109.5
Andhra Pradesh	104.7
Assam	106.4
Bihar	111.7
Gujarat	111.3
Haryana	115.0
Karnataka	107.3
Kerala	105.5
Madhya Pradesh	108.2
Maharashtra	108.2
Orissa	106.2
Punjab	113.2
Rajasthan	114.1
Tamil Nadu	104.9
Uttar Pradesh	111.6
West Bengal	105.6

Source: Census of India 1991. Population Projections for India and States 1996-2016, Registrar General, India, New Delhi

Infant and child mortality by sex

Table: 1.4 Infant mortality rates by sex and rural-urban areas in Major states of India 1993

India /Major states	Total male	Total female	Rural male	Rural female	Urban male	Urban female
(1)	(2)	(3)	(4)	(5)	(6)	(7)
India*	73	75	81	84	47	44
Andhra Pradesh	70	57	76	64	53	38
Assam	81	81	84	83	53	66
Bihar	68	72	71	75	41	41
Gujarat	58	58	65	65	43	43
Haryana	60	73	64	77	49	57
Himachal Pradesh	72	53	74	54	35	37
Karnataka	69	66	82	75	38	46
Kerala	16	10	18	12	10	7
Madhya Pradesh	106	106	111	115	76	58
Maharashtra	50	50	66	60	28	36
Orissa	118	101	122	107	82	55
Punjab	49	62	52	70	40	38
Rajasthan	82	81	86	89	62	46
Tamil Nadu	57	56	66	66	38	38
Uttar Pradesh	87	100	91	107	67	65
West Bengal	57	59	63	66	34	31

* Excludes Jammu and Kashmir

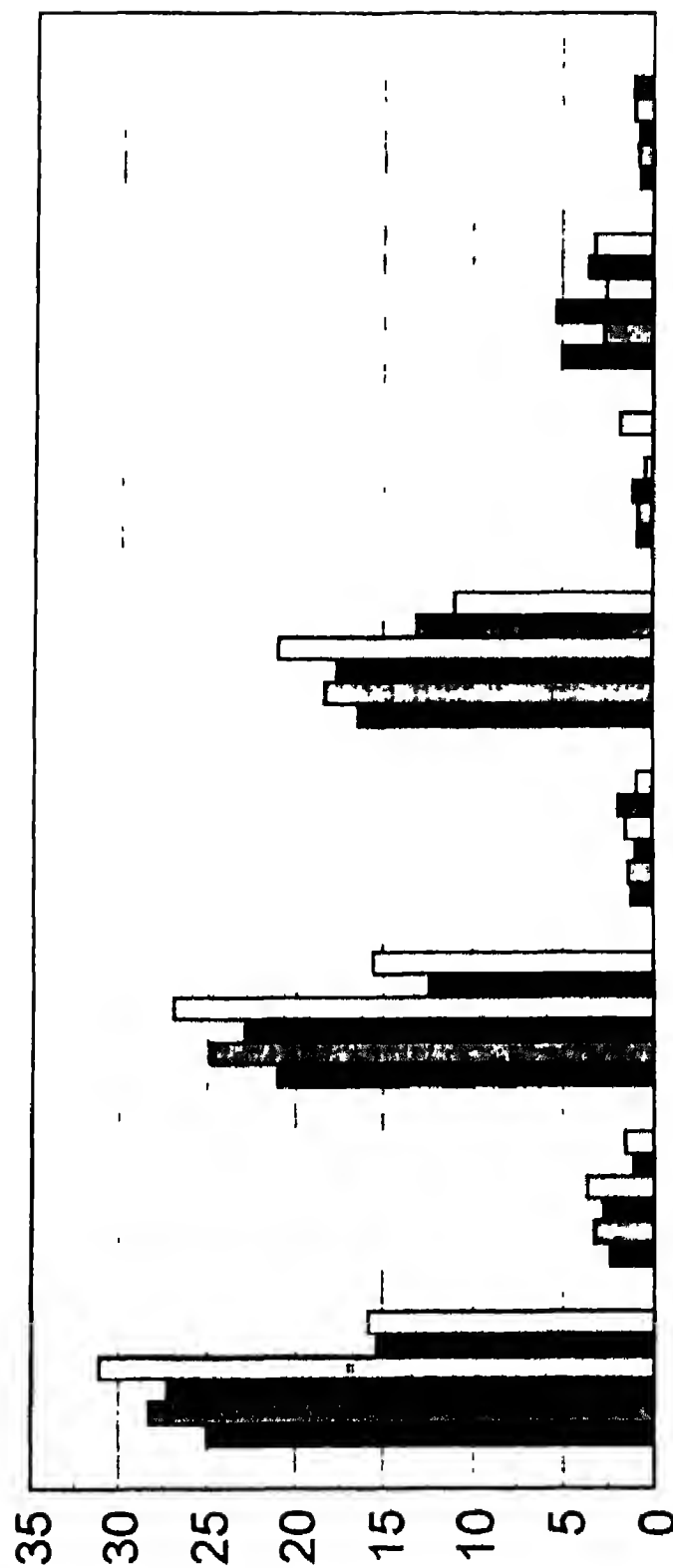
Source Sample Registration System, fertility and Mortality Indicators 1993 Office of Registrar General, India

Infant Mortality

The infant mortality rate (IMR) has been declining with improved health services and more awareness being spread through media and education India has one of the largest integrated child development services programme (ICDS) which has now reached every nook and corner of the country Its greatest contribution has been towards arresting infant mortality through strong inputs of the universal immunization programme and mother and child health services The IMR has declined from 147 in 1951 to 73 in 1993 However, the regional rural urban and gender differentials persist In 1993 Kerala reported male IMR of 16 and female IMR of 10 only whereas, figures closer to the developed countries, and all other states display a health trend of lower female IMR or gender parity except states like Bihar, Haryana, Punjab, Uttar Pradesh, and West Bengal that report higher female IMR As is evident from Table 1.4, rural IMR is much higher than the urban rates and is particularly high for rural females Urban females are not only showing parity but a definite edge over males nearly every where except in Assam, Haryana, Karnataka and Maharashtra

This brings us to conclude that the survival rate of females as infants is becoming better than before but the ratio of male live births over female live births is showing unnatural trends and clearly points towards sex selection by abusing medical technologies and sex selective abortions India continues to report around 11 million abortions annually accounting for more than 12% of maternal related mortality We have a very high MMR of 437 (per 100,000 live births) in 1992-93 It is not unheard that a large number of criminal abortions continue clandestinely, even in the second trimester, after the sex of the fetus is established as female Sepsis and toxemia account for another quarter of the maternal related deaths

Estimated Age Specific Death Rate By Sex According to SRS Fertility And Mortality Indicators 1992



	India 0-4 yrs	India 5-9 yrs	Haryana 0-4 yrs	Haryana 5-9 yrs	Punjab 0-4 yrs	Punjab 5-9 yrs	Kerala 0-4 yrs	Kerala 5-9 yrs
Combined Male	24.9	2.4	21.0	1.2	16.5	0.8	5.0	0.7
Combined Female	28.2	3.3	24.8	1.4	18.3	0.8	2.7	0.8
Rural Male	27.2	2.8	22.9	1.0	17.7	1.1	5.3	0.7
Rural Female	31.1	3.7	28.9	1.5	21.0	0.4	2.6	1.0
Urban Male	15.4	1.1	12.4	1.9	13.1	0.0	3.5	1.0
Urban Female	15.9	1.6	15.6	0.9	11.0	1.8	3.2	0.0

4

Age specific death by sex for 0-4 years

- ♦ The female age specific death rate for the age group 0-4 years for India as a whole is 28.2 compared to 24.9 for males. In rural areas this rate is 31.1 for females compared to 27.2 for males. In urban areas the difference is nominal the death rate being 15.9 for females and 15.4 for the males in the age group 0-4 years.
- ♦ In Punjab, the female death rate in the age group 0-4 years is 18.3 and for males in this age group the same is 16.5. In rural areas, the female death rate in this age group is 21.0 compared to 17.7 for males. In the urban areas of Punjab, the death rate for females in this age group is 11.0 which is lower than the death rate of 13.1 for males.
- ♦ In Haryana, the female death rate in the age group 0-4 years is 24.8 compared to 21.0 for males and is higher than that for males both in rural and in urban areas. In rural areas this rate is 26.9 for females and 22.9 for males and in urban areas it is 15.6 for females and 12.4 for males.
- ♦ In Kerala, the female age specific death rate for 0-4 years age group is 2.7 compared to 5.0 for males. In rural areas, likewise, the female death rate in this age group is 2.6 compared to 5.3 for males and in the urban areas of Kerala, the female death rate is 3.2 for males it is 3.5 only.
- ♦ It is evident from above that free from discrimination, females survive better as can be noted from the Kerala data. For the country as a whole more female lives are lost in the age group 0-4 years compared to males and the same holds good for the states of Punjab and Haryana. The picture is somewhat similar for the age group 5-9 years.

Fertility Decline The total fertility rate has declined from 5.8 in 1961 to 3.64 in 1991 and is projected at 3.13 during 1996-2001. Limiting the size of the family has been high on the country's health and development agenda with more than half of the health budget being spent on Family Welfare. In societies with acute son preference syndrome, this has meant several things, to include i) killing new born female infants (female infanticide); ii) allowing the female baby to die slowly/ languish on account of poor feeding and neglect during illness. The malnourished female infant/child becomes an easy prey to disease and infections often succumbing to death on account of lack of adequate care during sickness (abetting murder) and finally, now, iii) averting the birth of a GIRL after sex detection through abortion (female feticide). Millions of girls disappear annually in India.

Femicide or female genocide continues in India violating the basic human right of a girl to life itself.

It was our hunch that this decline in the sex ratio in this age group is not necessarily caused by the excess in female infant and child deaths alone which are much higher than those for their male counterparts in Punjab and Haryana, but the fact that the sex ratio at birth is highly skewed in favour of males in both states. Easy availability of medical tests that can reveal the sex of the fetus and legalized abortion, and a quest for a small family result in the termination of pregnancy if the fetus is found to be female, more likely if the first issue is a daughter.

The economic prosperity and development of roads and telecommunications are weighted against the girl child in Punjab and Haryana as in several parts of India, in a manner of speaking. As yet the Human Development Index (HDI), Gender Development Index (GDI) and the Gender Empowerment Index (GEM) do not take into account the sex ratio of the population and active and passive violence against women as indicators to be reckoned with. In any case despite being the highest GDP states, their showing on the indicators of the status of women show poorly.

Methodology of the Study

The study used a blend of quantitative and qualitative methods. Secondary data were collected from the official published and unpublished records and other social evidence and researches in this and allied areas. Major reliance was placed on recording discussions with individuals and groups in the villages and urban locations and with the concerned officials at the district and block head quarters. Structured interview schedules were canvassed to a limited number of respondents (largely female) to elicit such information as would throw some light on the vexing issue of disappearing girls in the age group 0-6 years in this region.

Against the plethora of statistical and social evidence, it was felt necessary to try to go deep into the psyche and the social psychology of the people concerned, the mothers, the fathers, the grand parents and families as whole as also the perceptions of men and women of the communities, especially those in leadership roles and were organised. The problem under study being extremely sensitive, care was taken to introduce the issues gently but directly and following in letter and word the philosophy of participatory research using qualitative techniques and ethno methodologies.

Primary data was collected through personally administered interview schedules and focussed group discussions in sessions that were highly interactive and mutually educative. Each household interview would turn into a mini discussion group with all members participating, kind and friendly neighbours not excluded. Each one wanted to express their opinion, and give their suggestions for ending this "evil" even if it was to impress us (the halo effect!). The data appears to be good and the free and frank discussions with the communities, the officials and community leaders provided rich insights.

Quantitative analysis has been kept to the minimum mainly to support the qualitative analysis. For collection of primary data, one block in each of the seven study districts of Punjab and Haryana was selected. From each of the selected blocks, four villages with varying population size and sex ratio in the age group 0-6 years based on the 1991 census data were visited. From each one of the sample villages and one urban location in each district, thirty households were selected randomly for canvassing the household schedule followed by two focussed group discussions, one with the village male group to include prominent members of the community especially the Sarpanch and other Panchayat members, and the second one with members of the Mahila Mandals and other leading women of the village including important female development functionaries like the primary teacher, the anganwadi worker, the ANM.

In all 1050 households from the seven study districts were visited, fourteen group discussions were held and 64 Dais were interviewed, in addition to the Civil Hospital doctors and senior district officials.

Table 1.5 The Study Sample

State	District	Block	Villages
Punjab	Amritsar	Taran Taran	1 Jhabbal Manan (802) 2 Gohalwar (773) 3 Pandori Ran Singh(905) 4 Pandori Sidhwan (821)
	Ferozkot	Kotkapura	1 Dal Singh Wala (814) 2 Kotha Chand Singh () 3 Panjgram Kalan 4 Sandhwan
	Patiala	Patiala	1 Duthar (753) 2 Kallar-Bhami (884) 3 Karheri (896) 4 Khara Jattan (875)
Haryana	Hissar	Hansi I	1 Khan pur (777) 2 Masood pur (808) 3 Shaikh pura (768) 4 Sisai- Bola (834)
	Jind	Jind	1 Auraf Garh (639) 2 Bahbalpur (704) 3 Gobindpura (660) 4 Jhaji Khurd (902)
	Kathal	Pundri	1 Badnara (730) 2 Fathehpur (952) 3 Hahri (800) 4 Koul (894)
	Kurukshetra	Thanesar	1 Ishaq Pur (593) 2 Khanpur Korian (690) 3 Khori Markanda (680) 4 Munda Khara (884)

Note: Figures in the brackets indicate the sex ratio(females per thousand males) in the age group 0-6 years in 1991

Table 1.6 : Literacy rate (7+) & sex ratio in selected states and study districts of India

State/District	Literacy rate in 1991		Sex ratio in 1991 0-6 years
	Male	Female	
Punjab	65.7	50.4	875
Amritsar	61.2	47.7	864
Patiala	63.0	50.5	868
Ferozkot	54.5	40.8	866
Haryana	69.1	40.5	879
Kurukshetra	68.7	47.6	867
Kathal	54.1	27.8	854
Jind	59.6	29.7	855
Hisar	60.7	32.0	868
Kerala	93.6	86.2	958
India	64.1	39.3	945

Source: Census of India, 1991

Chapter Scheme

Section 1 contains introduction to the study, the conceptual framework, sample and the methodology

Section 2 brings out the analysis of household data and interviews with the Dais and the Doctors

Section 3 presents the village case studies and highlights of the FGDs.

Section 4 gives the summary of findings and conclusions

Section 2

Analysis of Household Data

Interviews with Dais and Doctors

Section 2

Analysis of Household Data

Analysis of Household Data: Punjab

Sex Composition

In all 450 households were surveyed from 12 villages and three urban locations in the three sample districts of Punjab viz Patiala, Faridkot, and Amritsar

- These sample households comprised 2338 members, 1238 males and 1100 females giving an over all sex ratio (females per thousand males) of 882, the same as that for the state of Punjab as a whole
- In the age group 0-6 years, there were 282 children comprising 162 boys and 120 girls, giving a s of 741 which is much lower than the figures for Punjab as whole in this age group
- Average family size of the sample household was 5.2

Table 2.1

Description of the Sample Punjab

No of districts surveyed	3
No of villages surveyed	12
No of urban locations covered	3
Households surveyed	450
Total number of household members	2338
Females	1100
Males	1238
Sex Ratio *	882
Children in sample households 0-6 yrs	282
Females	120
Males	162

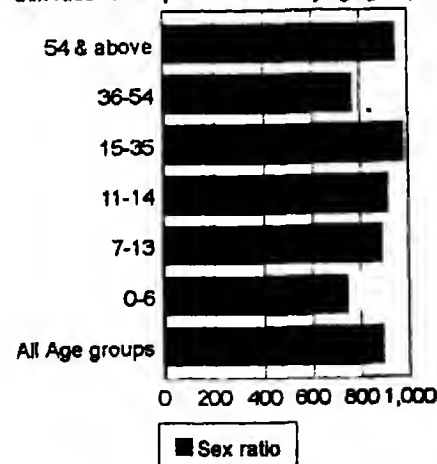
Household members by sex



Child population in sample households 0-6 yrs



Sex ratio in sample household by age groups



- The phenomenon of attrition of females in the 0-6 age group as noticed by the 1991 census is adequately borne out by the sample in the three districts under study. This has to be seen in the context of the fact that for the state of Punjab the sex ratio for the total population has been improving steadily. The sex ratio was 844 in 1951, 879 in 1981 and 882 in 1991 census. The growing menace to girls before birth and neglect during early years has led to a drop in the sex ratio among children below six years. According to hospital records and village records more male births are taking place. This has set the authorities and social thinkers worrying, as a continued trend of this nature is bound to cause an imbalance in the population and consequent sociological aberrations.

Access to Basic Amenities

During the field survey, it was observed that the three study districts are fairly well connected. The villages are linked with pucca roads. Most of the villages are electrified and drinking water facilities are also available either through hand pumps or tap water provided by the state government/public works department. Sanitation and drainage continues to be poor.

Table 2.2
Distribution of sample households by basic amenities

	Number	%
Drinking water		
Tap	193	42.88
Well	7	1.55
Tubewell	250	55.55
Sewerage		
Open	137	30.44
Running	215	47.78
Sewer	98	21.78
Sanitation		
Open	280	67.78
Pit	38	8.44
Flush	152	33.78
n=450		

- Data collected from the field shows that 43% households had access to tap water and 55% depend on tube wells.
- Close to 58% households had no toilet facilities, as such the inmates had to go out for defecation in open places.
- As far as drainage is concerned, nearly 78% households did not have proper drainage and during rains the mud and the slush becomes worse and breed flies and mosquitoes galore.
- About 47% of the sample households had pucca buildings, 45% had semi-pucca or kutcha dwellings.
- Thirty seven percent of the sample households had more than 2 acre of land. However 33% of the sample households had no land.

Literacy status

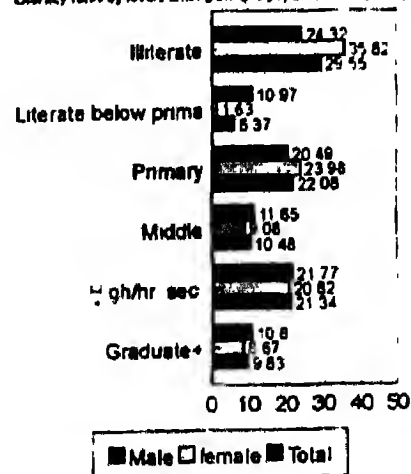
As education of women is seen an important indicator of women's development, sex wise data on educational level was collected through the field survey. Analysis of data shows:

- About 30% percent of the total sample population in the age group 7+ were illiterate. 36% females were illiterate as compared to 24% males.
- Females lag behind at all levels of completed education except at the primary level.

Literacy Rates By Levels Among Sample Population(7+) Punjab

Educational Level	Male		Female		Total	
	No	%	No	%	No	%
Illiterate	286	24.32	351	35.82	637	29.55
Literate Below Primary	129	10.97	16	1.63	145	6.73
Primary	241	20.49	235	23.94	476	22.04
Middle	137	11.65	89	9.08	226	10.48
High	256	21.77	204	20.83	460	21.34
Graduate	127	10.80	86	8.64	213	9.83
Total	1176	100.0	980	100.0	2156	100.0

Literacy rates by levels among sample population (7+) Punjab



Occupational status

- Among the household members aged 15 years and more, only 13.26% household members were engaged in agricultural activities as farmers
- Close to 64% household member were non workers, 6.12% were landless labourers, 3.17% were engaged in business and about 9% reported they were artisans. Nearly 6% household members were in service

Household Income

- Close to 63% households had an income of Rs. 24,000/- and above per annum. About 30% households had an income of Rs. 12,000/- per annum including 8% households with less than Rs. 6,000/- per annum

Incidence of Child Deaths

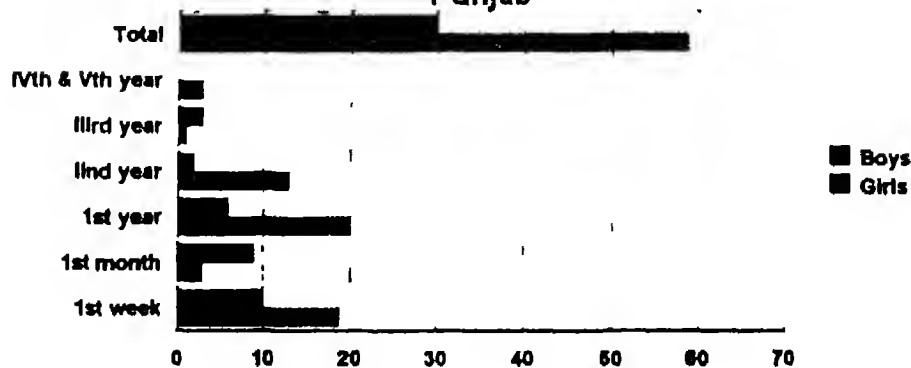
The respondents were asked to give information on the incidence of infant and child deaths that had occurred in their immediate family. A total of 89 infant and child deaths were reported. Out of these deaths 59 (66.3%) were of girls and 30 (33.7%) were of boys. About 71% female deaths had occurred within the first year of their life compared to 83% for males. After the first year, the proportion of girls dying was more than that of boys.

Table 2.3

Number of infant and child deaths in sample households: Punjab

Age	Boys		Girls		Total	
	No	%	No	%		
1st week	10	33.33	19	32.20	29	32.58
1st month	9	30.00	3	5.08	12	13.48
1st year	6	20.00	20	33.89	26	29.21
IInd year	2	6.27	13	22.03	15	16.85
IIInd year	3	10.00	1	1.69	4	4.49
IVth year	0	0.00	3	5.08	3	3.37
Total	30	100.00	59	100.00	89	100.00

Number of infant and child deaths in sample households:
Punjab



Causes for Infant and Child Deaths

The respondent reported that the major causes for infant and child deaths were dysentery, dehydration, typhoid and undiagnosed fever

- Analysis of the data showed that 23 (26%) out of 89 deaths were reported to have been caused by dehydration following diarrhoea and 11 (12.36%) on account of dysentery.
- Deaths on account of complications during birth had caused 14 (16%) deaths amongst sample households
- It is also reported that 31 deaths had occurred due to undiagnosed causes. As it is evident from table and figure, out of these undiagnosed deaths 23 (74 %) were of girls. This is perhaps on account of the double standards applied to the medical care of boys and girls, the latter receiving little attention when ill. The attitude to the illness of girls is lukewarm "Kurri maregi nai. Aap hi theek ho jayegi. Aini jaldi thoda jayegi". (The girl is not going to die easily. She will get well on her own).

Sex wise distribution of causes for infant and child deaths in sample household

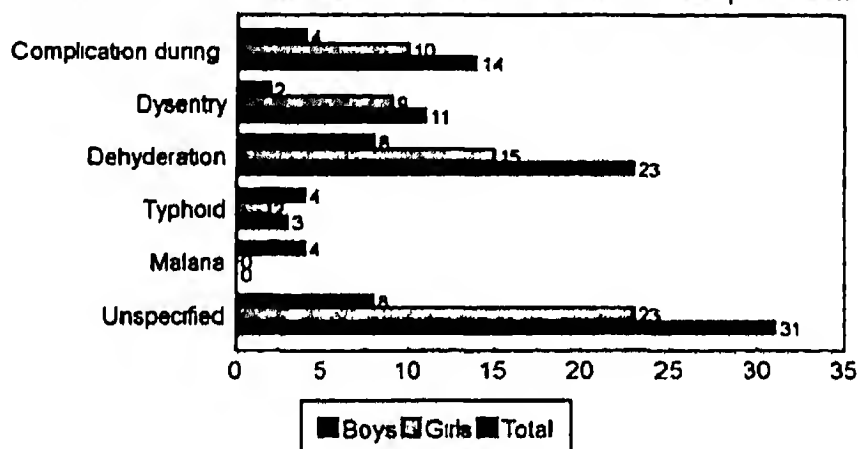


Table 2.4

Sexwise Distribution of Causes for Infant/Child Deaths by Sample: Punjab

Reasons of Deaths	Boys		Girls		Total	
	No	%	No	%	No	%
Complication During Birth	4	13.33	10	16.95	14	15.73
Dysentery	2	6.67	9	15.25	11	12.36
Dehydration	8	26.67	15	25.42	23	25.84
Typhoid	4	13.33	2	3.39	6	6.73
Malaria	4	13.33	0	0.00	4	4.52
Unspecified	8	26.67	23	38.98	31	42.70
Total	30	100.0	59	100.0	89	100.0

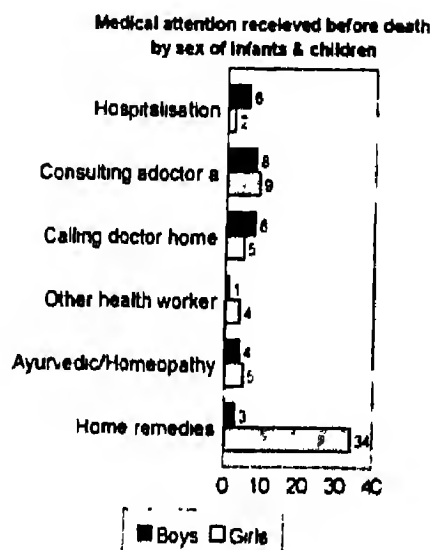
Medical Attention Received

- The respondents were further asked to specify whether any medical attention was sought when these children were critically ill
- The analysis of data showed that preference is always given to getting medical help for sick boys. It is evident from the table and figure that out of total 8 children who were hospitalized before death, 6 were of boys and only 2 were of girls
- It is noticed from the above analysis that generally girls are treated on home remedies. Figure shows that out of total 37 home remedy cases 34 (92%) were of girls or at best girls were taken to the indigenous medical persons, Dais or wise women (Siyani) or a Vaid

Table 2.5

Sexwise Distribution of Medical Attention Received Before Death by Children Below Six Years in Sample Households, Punjab

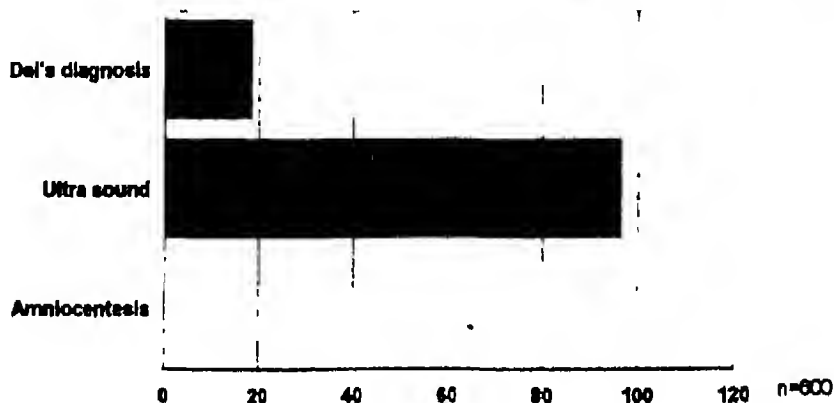
Type of attention received	Boys No	%	Girls No	%	Total No	%
Hospitalization	6	20.00	2	3.39	8	8.99
Consulting a doctor at a clinic	8	26.67	9	15.25	17	19.10
Calling the Doctor home	8	26.67	5	8.47	13	14.61
Consulted other health workers	1	3.33	4	6.78	5	5.62
Ayurvedic/Unani/Homoeopathic treatment	4	13.33	5	8.47	9	10.11
Home remedies	3	10.00	34	57.63	37	41.57
Total	30		59		89	



Awareness about Methods of Sex Detection

Close to 96% respondents knew about ultra sound (*doorbeen*) as a technique for sex detection and about 18% still saw the Dai as being able to foretell about the sex of the child. No one had heard of amniocentesis or any other technique

Awareness about sex determination methods

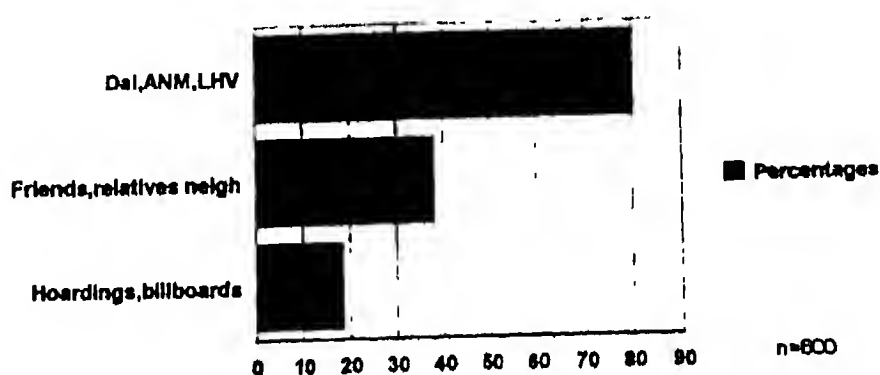


Source of Information about Availability of Sex Detection Tests

The major source of information about the sex determination were the health workers who had the knowledge as to where such facilities are available and how much do the same cost. Data shows that 87% respondents stated that they had received this information from the Dais, ANMs, LHV's and such health worker. Friends, relatives and neighbors were the other sources of this information.

Advertisements through bill boards and hoardings on the availability of such a facility are very common in the towns of Punjab and Haryana. "Spend now and save later" "Get a child of your choice" "Five hundred now will save you five lakhs later" were some of the hoardings and bill boards seen in both states.

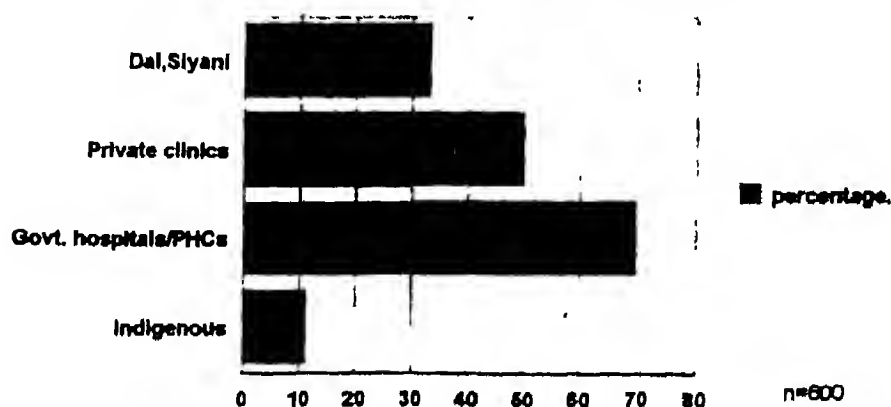
Source of information about sex determination tests



Agents of Abortion

Private clinics and government hospitals were perceived to be the major agents of abortion after sex detection. Dais were seen as the other major agents for this purpose. As was narrated by several respondents, not every body can afford private clinics and in government hospitals you still need to know somebody. Those who have little means manage to get the ultra sound done at some cost but are forced to resort to the dais and often face risk of infection and even death.

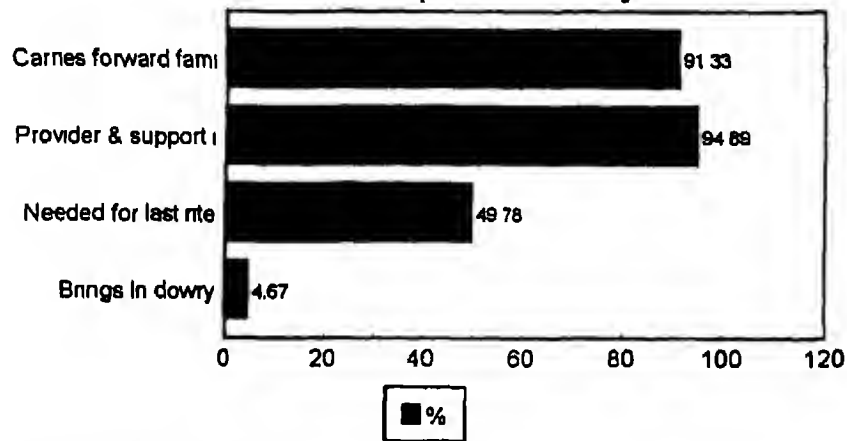
Agent of abortion after sex detection



Reasons for Son Preference

- The respondents were asked to give reasons for strong son preference as it exists in this region. The sons are providers and a support in the old age, received the maximum response (91%) followed by the view that the sons carry on the family name (1'ansh chalte hain). Only about 50% mentioned that the sons are a must for the last rites, although this is a very important part of the funeral rites among the entire population of this area.
- Interestingly enough only 5% respondents gave getting dowry through the sons as a reason for son preference whereas in reality dowry is seen as a major asset generated through the son on which is often dependent the marriage of their own daughter.

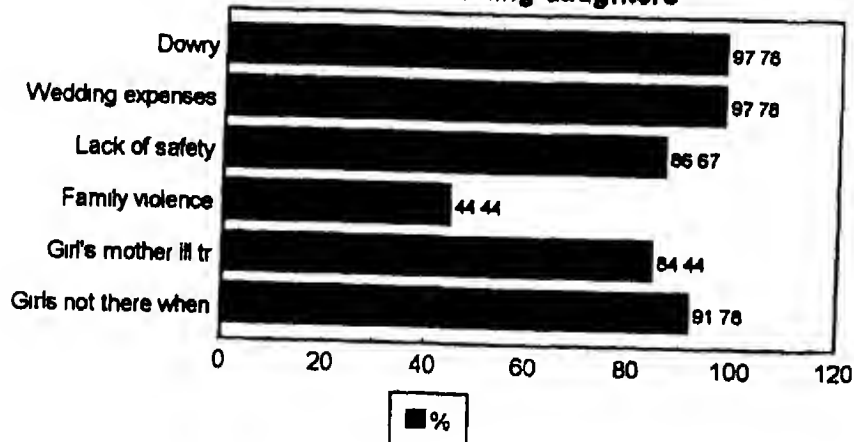
Reasons for son preference: Punjab



Reasons for not Wanting Daughters

- Dowry and heavy wedding expenses were cited as the major reasons for not wanting to have girls by 98% respondents, the next being girls leave the natal home and are not around in old age (92%).
- Lack of safety and fear of the loss of the modesty of girls was given as another reason by 87% respondents.
- Ill treatment of mothers at the birth of a daughter and continued loss of status and facing taunts for not producing sons was mentioned by 84% respondents.
- About 44% respondents mentioned family violence and wife beating as strong reasons for not wanting daughters. "We have faced hell. We do not want our daughters to go through this unnecessary torture, both physical and mental." "Somebody else will burn them at twenty. What is wrong in putting an end to this future possibility. It is difficult to see them dying after they are born and are grown up. It is easier to reconcile with the loss of a face you have not seen".

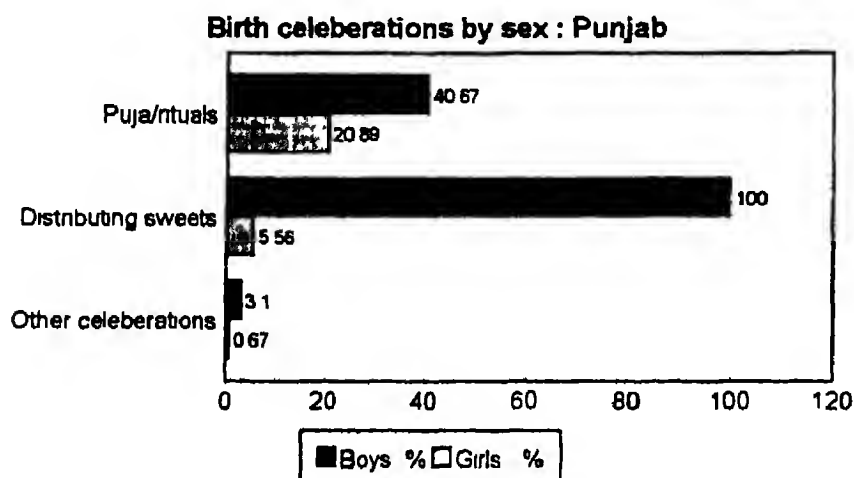
Reasons for not wanting daughters



Birth Celebrations

The birth of a son is heralded with joy and fanfare and the girl is welcomed with a deafening silence. The Doctor or the Dai feels hesitant even to announce that a girl is born. In a local hospital, a case occurred where the mother was left in the hospital with her new born baby girl and the whole family including the husband disappeared", told a respondent

- All respondents reported that sweets are distributed at the birth of a son to their near and dear ones. For the birth of a daughter only 6% respondents stated that sweets were distributed.
- Whereas Puja and other rituals are concerned, these were performed by 41% respondents on the birth of a boy as compared to 21 % for girls.



Immunization

The respondents were asked about the immunization of their children for vaccine preventable diseases the response was very heartening. Most families reported that they were getting their children immunized "Whenever the *Teeka wala* come, we take our children to them". The knowledge about different vaccines and their exact purpose was very superficial. They saw these efforts of the government as something in their interest and hence cooperated.

Breast Feeding , Ante Natal and Post Natal Care

The general response as regards breast feeding was positive and no discrimination was made between male and female infants stated the respondents. However, in depth probing finally made them admit that girls are breast fed for a shorter duration compared to boys. Lactation period of girls is kept at a minimum as it is believed that conception takes place faster if the mother is not breast feeding any more. The pressure is built on mothers of the daughters to wean them early so that the next issue is planned.

Awareness About Methods of Sex Determination

- Nearly all respondents were aware about the sex determination tests. The analysis of data showed that 96% of the respondents knew about ultra sound as a technique of sex detection. They called it the "Doorbeen" distributed by the government to check population.
- Reliance on the guess work of the Dais appears to be waning. Earlier elderly women used to predict the sex of the child based on their own judgment. Since ultra sound facilities are easily available in the private clinics therefore anyone who can afford goes in for ultra sound tests in nearby cities/towns.
- None of the respondent were aware of the sophisticated technique known as Amniocentesis.
- Discussions with the respondents revealed that after sex detection, those who cannot afford abortion in regular clinics resort to the Dai for help who use extremely crude methods that often result in severe complications and even death due to tetanus or severe infection. The naked fist is employed, even a piece of wood or a stick is inserted, often herbs and medicines are resorted to by the quacks.

Legal Awareness

- The respondents were not aware that the medical tests employed for sex detection were a misuse and that these tests were meant for detecting any malformation of the fetus or other complications about the health and position of the fetus and the mother. That there is any proposed law for banning the misuse of the medical tests for sex determination was not known to them. The common perception was that these *doorbeens* (ultra sound equipment) had been issued to the doctors for the purpose of finding out the sex of the unborn so that the family size can be reduced.
- About 41% respondents had the knowledge that abortion is permitted under the law and can be arranged by the government hospitals and dispensaries in addition to private doctors. They were however not aware as to the exact conditions under which abortion was legally permitted and up to which period of the pregnancy.
- More than 90% respondents were aware of the anti dowry act but again were not knowledgeable about the exact provisions of the Dowry Prohibition Act as amended from time to time. The Act they expressed was only a paper tiger and had in no way exercised any restraint on the giving or taking of the dowry. "The rich landed and the business class give huge dowries and set the trend and even the rates for all wedding ceremonies such as *Akha, Roka, Thaka, Shagun, Lagan and Bida* among others. The lesser mortals like us become victims of this ostentatious behavior and are unable to raise huge sums of dowry for marrying off our daughters. The expectations are increasing day by day. From scooters and motor cycles and cars to refrigerators, TV, and now washing machines and what not, the list of dowry items and is growing longer and longer." Dowry, they felt was the chief cause for destroying daughters altogether or for their neglect in matters of education, training, health etc. "No matter how much you spend on their education and upbringing, you still have to amass huge sums for dowry." "Assade samaj nu eh ghun lag gaya ve. Fer koyi Nanak yaa Dayanand jammei te koi mudhar hovei" (This evil is eating into the vitals of our society. We need reformers like Nanak and Dayanand).
- The respondents had no perception that there were any laws under which violence against women and their harassment was a punishable offense. Domestic violence, wife battering etc. were seen as an unbroken tradition on which no body had any control. "A woman can be beaten up and even thrown on the streets and nobody intervenes. After all she is somebody's daughter. But that is our lot." Majority of the female respondents admitted that wife beating is a regular feature of their lives. "You cannot turn to police or other custodians of law, for they are the same men who insult us and bash us up in the household".
- The respondents were well aware that women have equal rights which are not given to them by the family or the society. "Given a chance, we can do everything men can do, even better", piped in a young fiery educated woman in her early thirties.
- That daughters have an equal right in the ancestral property is known but girls do not get their share as the dowry and wedding expenses are seen as girls' share in lieu of immovable assets of the family. In most cases, the girls surrender their formal right of their own will for family harmony. "If we ask for our share, our brothers will not welcome us at all, and we do need their support".
- Awareness about labour laws existed among 44% respondents but in vague terms and not all provisions were known to them.

Awareness about Development Schemes

- The level of awareness about different schemes and programs of the various government departments was found to be low generally.
- Awareness about the health programs like immunization and ICDS was high. Yet women did not see their own health as a priority nor did others around them.
- Knowledge about educational schemes for girls was low and for the programs like IRDP as a whole and schemes like DWCRA, TRYSEM, JRY or Mahila Mandals.
- Only 8% respondents showed any knowledge about the Old Age Pension Scheme, for instance.

Table 2 6

Awareness about laws among respondents : Punjab

- 1. Sex determination tests are illegal unless required for medical purposes.(4.44%)
- 2. Abortion is permitted by law.(40.67%)
- 3. Dowry is illegal.(90.22%)
- 4. Violence against women is punishable under law.(4.00%)
- 5. Women have been given equality before law.(94.67%)
- 6. Hindu law permits equal share in ancestral property for males and females.(69.56%)
- 7. Labour laws (equal wages for equal work; maternity benefits, creches etc).(44.44%)

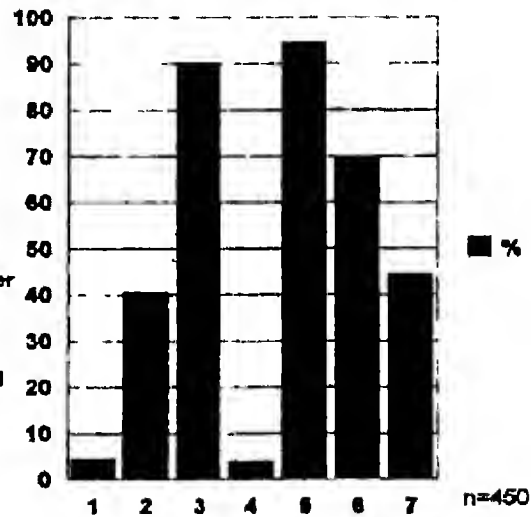
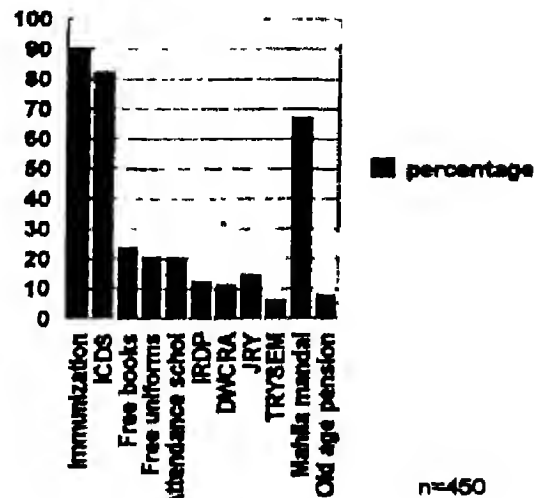


Table 2 7

Awareness of respondents about developmental schemes and programmes: Punjab

- Health programmes like Immunization(90 %); ICDS(82.44%)
- Educational schemes & programmes like free books (24.22%); free uniforms (20.67%); attendance scholarship (20.67%)
- Other developmental programmes like IRDP(12.67 %); DWCRA (11.56%); JRY (14.89%); TRYSEM (6.44%); Mahila mandal (67.3%)
- Old age pension scheme (8 %)



Gender Role Perceptions of Respondents

Fourteen positive statements on gender equality were canvassed to the respondents covering different aspects like education, health, freedom, abilities, capabilities, opportunities, decision making, division of labour and rewards, share in property and assets, equal intelligence for task performance, occupations, decision making, joint ownership of assets, division of labour, equal wages and equal rights in property, among others.

- Nearly all respondents appeared to agree that both boys and girls need to be given equal education, equal food and equal health care. In actual life discrimination continues to be practiced in differential feeding practices, unequal educational and health care and girls continue to be treated as of little value compared to boys
- Only half the respondents feel that both sexes can have similar occupations although 92% favour equal wages for equal work.
- Less than half the respondents favoured sharing of household work by both sexes and joint decision making by the husband and wife.
- Only a little over a quarter of the respondents favoured holding of joint assets by the two spouses and equal share of the daughter in the family property.
- There is an overwhelming response to giving equal education, equal food, equal health care to both boys and girls and that they can be assigned the same duties (95% and above).
- Nearly 87% respondents were in favour of equal time for play to both girls and boys but not equal freedom, only 54% favoured equal freedom for both as they stated the law and order situation in the state did not warrant free movement of girls and women.
- The Punjab respondents showed more confidence that both boys and girls can perform all tasks equally well (91%); can have similar occupations (90%) and have same intelligence and abilities (87%)
- Equal wages for equal work were favoured by 85% respondents.
- Close to 75% respondents agreed that household work must be shared by all household members but only 61 % agreed that the husband and the wife should take all decisions jointly and also own the assets jointly.
- On the critical issue of giving property to girls, only 54% respondents gave a positive response

Considering, 89% respondents were female, such responses as noted above are indicative of a very low level of self confidence and a low self image among these women who at times appeared to give the impression that they are aware of their right to equality and were feeling oppressed. This ambivalence is indicative of the deep seated inequalities that have been internalized by these women due to millennia of subordination and subservience. They seem to forget that they are a very valuable half of the human race

Table 2 8

Gender Equality Perceptions of Respondents :Punjab

- 1 Both should be given equal education.
- 2.Both need equal food.
- 3.Both should be given equal health care.
- 4.Both can be assigned the same duties.
- 5 Both should be given same freedom.
- 6.Both should be given equal time to play.
- 7 Both can perform all tasks equally well.
- 8 Both can have similar occupations
- 9.Both have same intelligence and abilities.
- 10.Equal wages for equal work.
- 11.Husband and wife should take all decisions jointly.
- 12 Household work must be shared by all members of the household.
- 13 Family assets should be owned jointly.
- 14.Girls should receive equal share in family property.

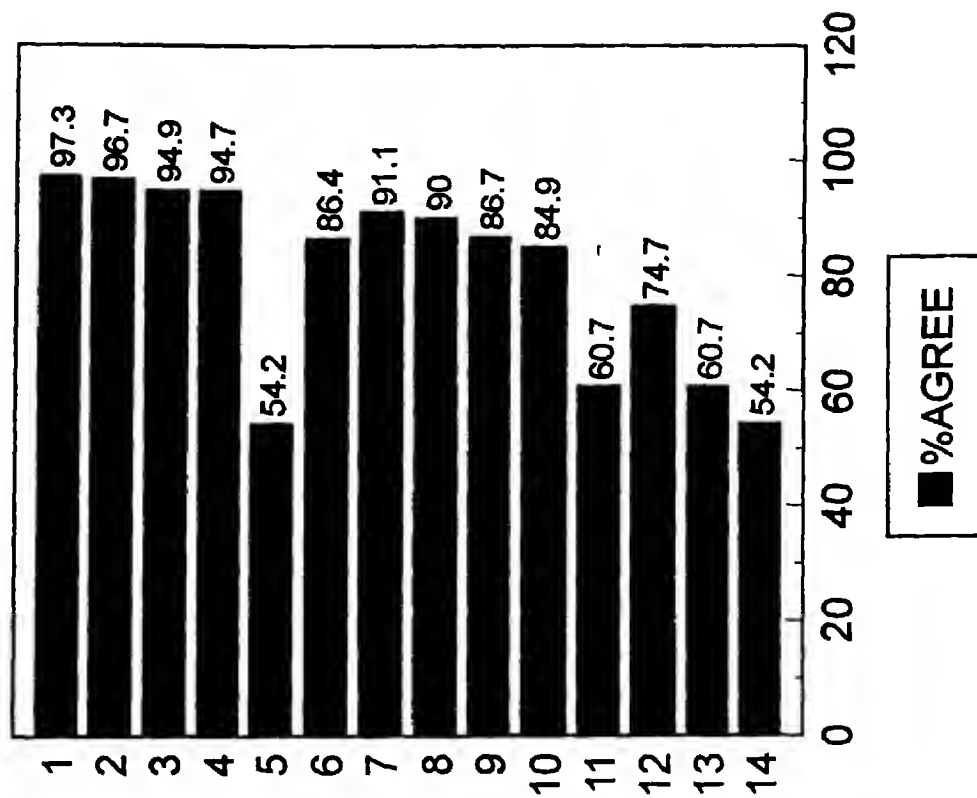
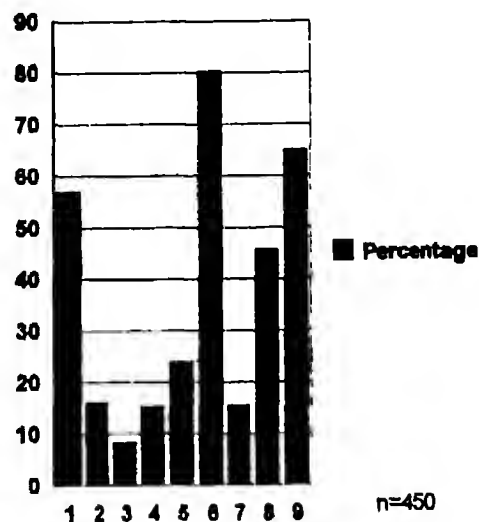


Table 2 9

Suggestions of respondents for developing positive attitudes towards girls and women and training thereof of all concerned:Punjab

- 1. Effective implementation of existing laws especially, property and inheritance rights/new laws against dowry, sex determination etc.(57.11%)
- 2. Positive portrayal in media for mass awareness.(16.22%)
- 3. Information campaigns on laws ,programmes ,schemes.(8.44%)
- 4. Gender sensitization of all officials and development workers.(15.33%)
- 5. Provision of better health care for women and girls.(24.0%)
- 6. Education for girls and gender bias free curriculum transaction and orientation of educational personnel.(80.44%)
- 7. Reservations in government jobs, schemes, state and national legislatures and panchayts and municipalities(15.56%)
- 8. Promotion of women in leading roles in organisations,occupations, public committees.(45.78%)
- 9. Preparation and training of women and girls for leadership and decisionmaking,also personal safety(65.11%)



Analysis of Household Data: Haryana

Sex Composition

* In all 600 households were surveyed from among the four study districts of Haryana, namely, Hisar, Jind, Karnal and Kurukshetra, comprising 3205 household members of whom 46.1 % were female and 53.9 % were male. Sex ratio (females per thousand males) in the sample household population was 855 and lower than the state average of 865.

* There were 412 children in the age group 0-6 years consisting of 240 boys and 172 girls giving a sex ratio of 717 compared to the state average of 879 and the national average of 945.

* Majority of the respondents were female (529 out of 600)

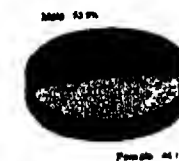
* Average size of the household was 5.3

Table 2.10

Description of sample Households: Haryana

Districts surveyed	4
Villages covered	18
Urban Locations	4
Households surveyed	600
Household members	3205
Females	1478
Males	1727
Sex Ratio	856
Children 0-6 years	412
Boys	240
Girls	172
Sex Ratio	717
Female Respondents	529(88%)

Household members by sex

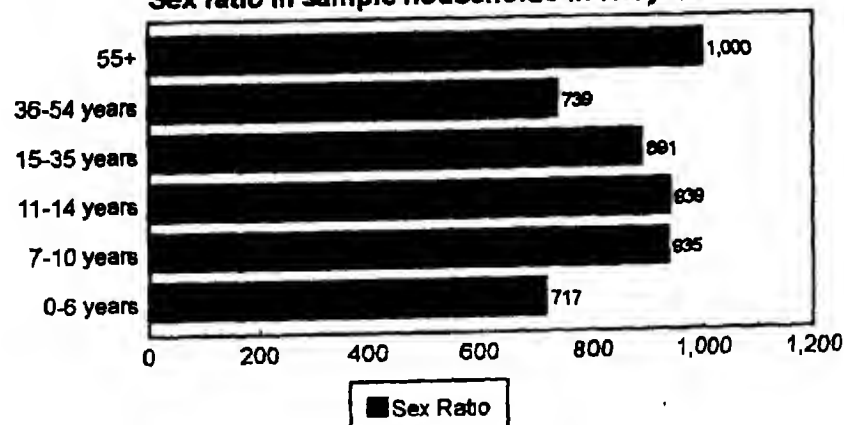


Respondents by sex



* Sex ratio disaggregated by age groups shows that the same is the lowest for the age group 0-6 years, improves substantially in the school age group 6-14 years and goes down in 15-35 years age group and further declines in the age group 35 to 54 years. Among the sample household members, women equal men in numbers in the age group 55 years and above. The sample being extremely small no generalization is possible except to state that the phenomenon of attrition of females in the 0-6 age group as noticed by the 1991 census is adequately borne out by the sample in the four districts under study.

Sex ratio in sample households in Haryana



* Thus, however, has to be seen in conjunction with the fact that the overall sex ratio for the state of Haryana fell from 870 in 1981 to 865 in 1991. The battle lines appear to be drawn between the pro women policies of the state and the force of custom and tradition which is highly anti female and gives low valuation to female life. Those who survive the first six years appear to be doing well when we look at the relatively high educational participation levels of girls in Haryana. In 1995-96, girls formed 47% of the enrolments at the primary stage, 42% at the middle level, 38% at the secondary/higher secondary and 43% in higher education.

Access to Basic Amenities

During the field survey, it was observed that the four study districts have a fairly well developed infrastructural network. The villages are linked with metalled roads, are electrified and have been provided with safe drinking water through hand pumps and taps. The sanitation and drainage continues to be poor. The Anganwadis exist practically in every village, more than one in larger villages, but the coverage is still inadequate. The Mahila Mandals are only on paper and even schemes like DWCRA and TRYSEM basic to HRD and empowerment of women did not appear very effective. Primary schools dot every village but suffer from acute shortage of teachers in general and of women teachers in particular. Health care was out of the reach of the poorer sections of the population and women in general.

Table 2.11

Distribution of Sample Households by Access to basic Amenities			
Item		Number	Percentage
DRINKING WATER			
	Tap	305	51.00
	Well	64	11.0
	Well	231	38.00
SEWERAGE			
	Open	237	40.00
	Running	232	39.00
	Sewer	131	22.00
SANITATION			
	Open	422	70.00
	Pit	39	7.00
	Flush	139	23.00
n=600			

Analysis of household data showed.

* Only 51% of sample households had piped water, 36% had access to tube wells and 11% were dependent on wells.

* Nearly 80% households do not have proper system of drainage and during rains the mud and the slush becomes worse and breed flies and mosquitoes galore.

* Seventy percent of the sample households were still defecating in the open fields/areas, 7% were using pit latrines and 23% had some system of dry/flush latrines.

* Half the sample households had semi-pucca or kutcha dwellings. Even in the pucca dwellings the concept of building private latrines is yet to take roots.

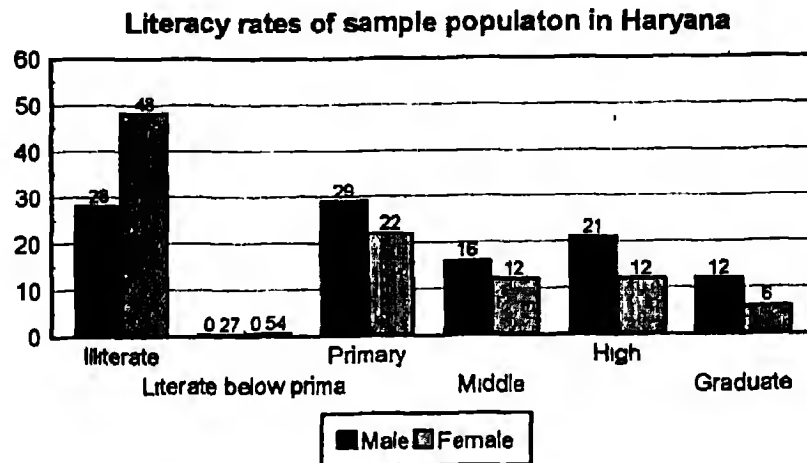
* Sixty six percent of the sample households had less than one acre of land.

* There were a total of 1358 milch animals in the rural sample households numbering close to 500 households.

Literacy Status

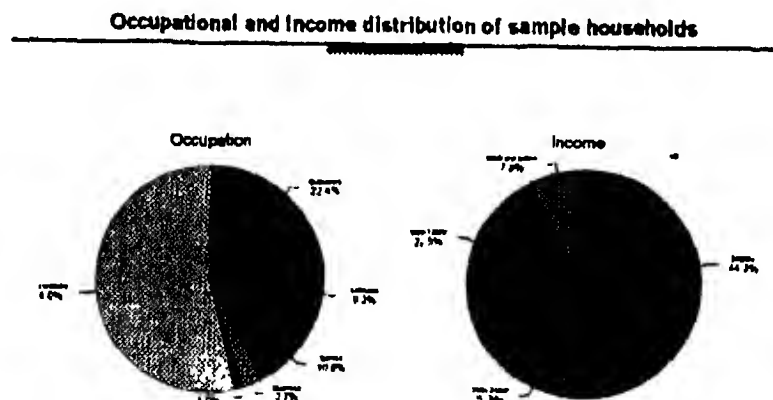
The literacy status of the sample households is as follows

- * 37% of the sample population above the age of 7 years was found to be illiterate
- * 48% females above 7 years of age were illiterate compared to 28% males showing a large gender gap
- * Females lag behind at all levels of completed education.



Occupational Status

* Among the household members aged 15 years and more, 54% were non workers; 22% were cultivators, 9% were landless labourers; about 11% were in service, about 3% were engaged in business and about 1% reported they were artisans. Women worked largely on their own family land and for wages only in households of the landless, Anganwadi workers, female health workers and female school teachers represent the educated employed women in these communities



Income Level

- * Close to 45% sample households had income of rupees 24,000/- and above, per annum.
- * About 30% households had an income of Rupees 12,000/- and below and 8% had income of less than Rupees 6,000/- only per annum
- * The sample households displayed the income poverty levels similar to that for the state of Haryana as a whole

Incidence of Infant and Child Deaths

* The respondents were asked to give information on incidence of infant and child deaths that had occurred in their own family. It was gathered that there were a total of 131 infant and child deaths recounted by them in their family. Out of these deaths 96 (73%) were of girls and 35 (27%) were of boys. About one third female deaths had occurred in their first week of their life. By age one 86% male children had died compared to 69% girls. It is a well established fact that survival rate of male infants is lower despite better care. Female infants have a better survival rate being genetically the harder of the two species but due to sheer neglect, proportionately more girls die by age five.

Number of infant and child deaths in sample households: Haryana

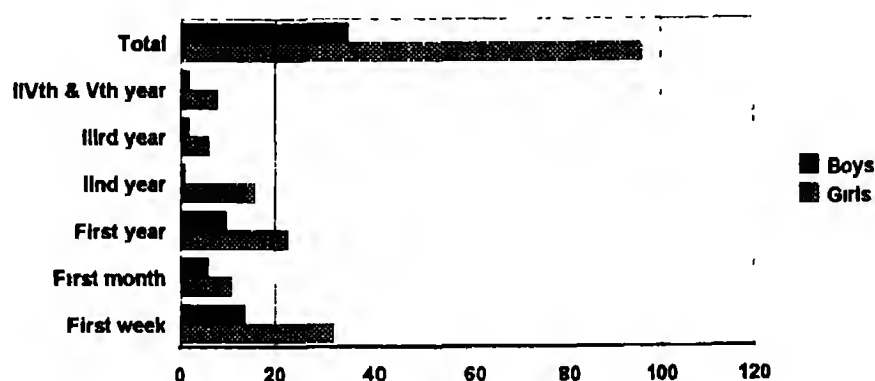


Table 2.12

Infant and Child Deaths in Sample Households in Haryana

Age	Boys		Girls		Total	
	No	%	NO	%	No	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Ist Week	14	40.00	32	33.33	45	35.11
Ist Months	6	17.14	11	11.46	17	12.98
Ist Year	10	28.57	23	23.96	33	25.19
IIrd Year	1	2.86	16	16.67	17	12.98
IIrd Year	2	5.71	6	6.25	8	6.11
IVth Year	0	0.00	5	5.21	5	3.82
Vth Year	2	5.7	3	3.12	5	3.82
n=800	35	100.00	96	100.00	131	100.00

Causes for Infant and Child Deaths

- * The respondents reported that the major causes for infant and child deaths were diarrhea, dysentery, and typhoid and undiagnosed fever
- * Analysis of the data showed that 27(21%) out of 131 deaths were reported to have been caused by dehydration following diarrhea and 24(18%) on account of dysentery
- * Deaths on account of complications during birth had caused 13 (10%) deaths amongst sample households
- * It is to be noted that out of 131 infant and child deaths reported , 96(73%) were of girls As is evident from the above table and figure out of 59 deaths that had occurred due to unspecified reasons 44 (75%) were of girls This is perhaps on account of the double standards applied to the medical care of boys and girls, the latter receive little attention when ill The attitude to the illness of girls is lukewarm even casual " Chori maregi nai Aap hi theek ho jayagi Itni aasani se thoda hi jayagi" (The girls is not going to die easily She will get well on her own)

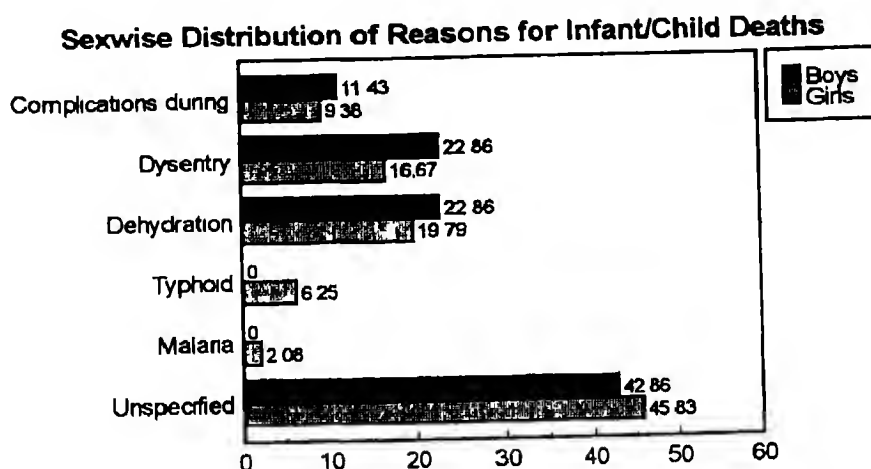


Table 2 13

Sexwise Distribution of causes for Infant and Child Deaths:Haryana

Reasons for Death	Boys No	%	Girls No	%	Total No	%
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Complications During Birth	4	11.43	9	9.38	13	9.92
Dysentery	8	22.86	16	16.67	24	18.32
Dehydration	8	22.86	19	19.79	27	20.61
Typhoid	0	0.00	6	6.25	6	4.58
Malaria	0	0.00	2	2.08	2	1.52
Unspecified	15	42.86	44	45.83	59	45.03
Total	35	100.00	96	100.00	131	100.00

Medical Attention Received by Children (before death)

The respondents were further asked to specify whether any medical attention was sought when these children were critically ill. The responses were as follows

* As is evident from the table and the figure above, trained medical attention was sought largely for male children. Whereas, 23% boys were hospitalised, only 6% girls received institutional care.

* In case of 57 % male children /infants who died, a doctor had been called at home for girls this percentage was only 8%.

* Girls are largely treated by home remedies (50%) or at best are shown to the indigenous medical persons, Dais and other wise women (Sivani) or a Vaid.

Medical Attention Received Before Death by Infants/Children

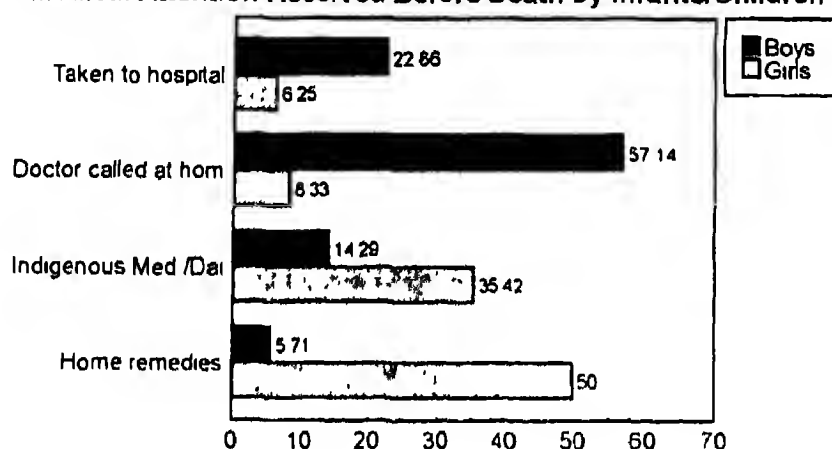


Table 2 14

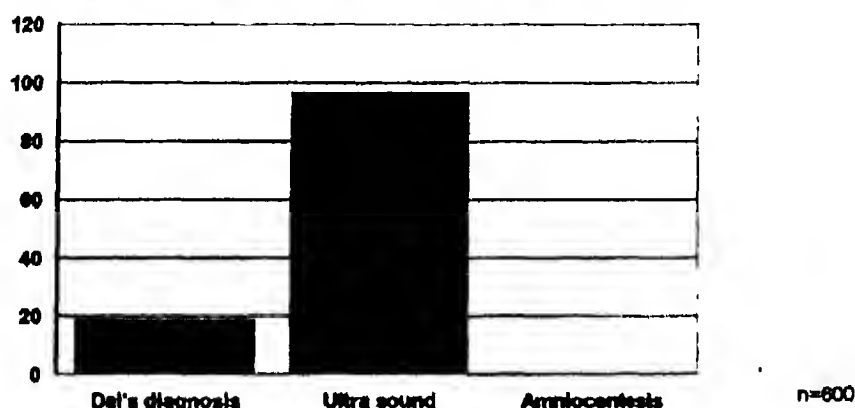
Medical Attention Received By Infants/Children Before Death

Type of Attention	Male No.	Male %	Female No.	Female %	Total No.	Total %
Taken to hospital/clinic	22	66	6	25	28	31
Doctor called at home	57	14	8	33	65	71
Indigenous Med /Dai /Vaid	14	29	35	42	49	53
Home Remedies	5	71	50	50	55	60
Total	98	100.00	96	100.00	194	100.00

Awareness About Methods of Sex Determination

*Most of the respondents knew about sex determination tests. They stated that earlier the dai and other elderly women used to predict the sex of the child, based on their own judgement. For instance, they would look for which foot the woman puts out first; whether the line going down from the navel is straight or crooked, whether the pregnant woman prefers sweets or sour things, if a girl the mother glows, if a boy the mother gets dark patches on her face and numerous other such guesses were made. "Now, anybody who can afford goes in for ultra sound tests which are readily available in nearby towns and cities." The colloquial term used by these women was *Doorbeen* for the ultra sound machine, which they were sure is distributed by the government to the doctors and the hospitals for controlling the family size. None of them were aware of the amniocentesis test or any other sophisticated tests for knowing the sex of the foetus.

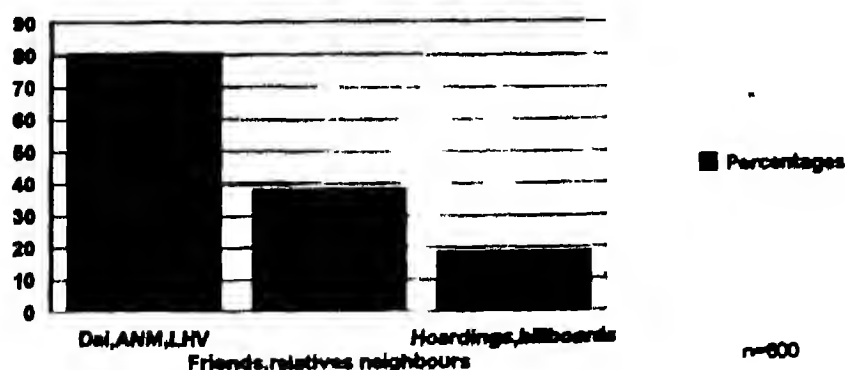
Awareness about sex determination methods



Source of Information about Sex Determination Tests

* Since most of the respondents were aware of the sex determination tests, they were asked to disclose as to the source from where they got this information. Most of them told that the major sources of such information were the dais and other health workers who knew where these services were available and for what price. Friends, relatives and neighbours were another prominent source of such information. This topic is the most discussed when people meet each other, and, openly. On meeting a friend who is pregnant the first query is whether she has got ultra sound done or not. Doctors in private clinics and even in government hospitals now tend to make recurrent use of this test for ascertaining the position and the well being of the mothers and the babies. Somewhere, the element of knowing and telling the sex of the fetus comes in to the detriment of the female fetus. Those who commuted to the nearby urban places would bring back the information as displayed on billboards and hoardings such as "Jaisa bacha chaahiye, vaisa bacha payi ye." "You can now choose the sex of your child" - Spend five hundred now and save five lakhs later".

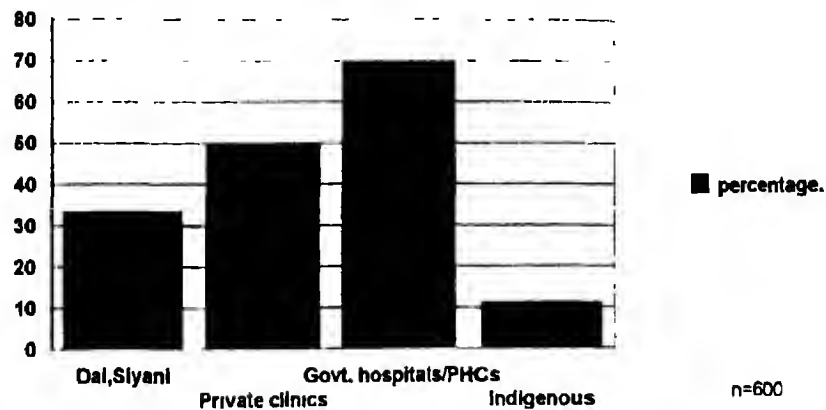
Source of Information about sex determination tests



Agents of Abortion

* The perception of the respondents was that the private clinics were the main places where abortions were carried out after sex detection and the government hospitals and health centres in some places also provide this service although in a clandestine manner. In the era of targets for family planning that were placed before the health personnel and other development workers, the abortions were readily performed even violating the legal requirement of not doing so after the pregnancy has gone more than twelve weeks. Mercifully, India's new family welfare policy has moved away from this target orientation because of which the family planning programme was virtually hijacking the health aspects.

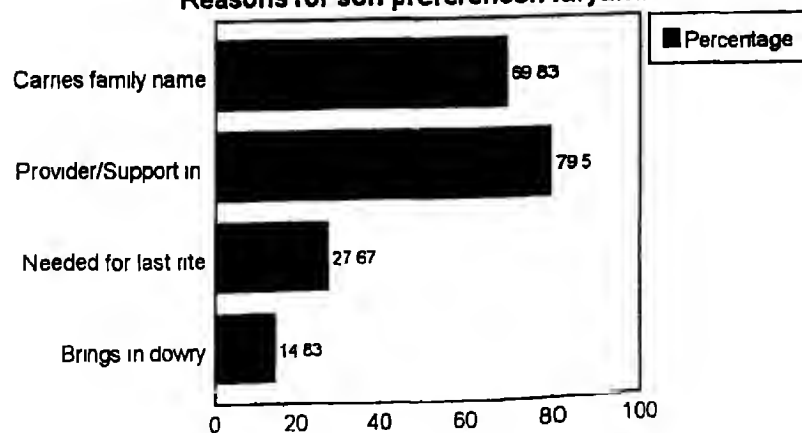
Agent of abortion after sex detection



Reasons for Son Preference

* The respondents were asked to give reasons for strong son preference that prevails in the region. It was stated that sons are the providers and a support in old age (80%) and were the bearers of the family name (~ Vansh chalte hain). Only about 28 % respondents mentioned that sons are a must for the last rites of the parents. As we observe, even now the last rites of the parents are done by the sons and even grandsons or other male relatives. In rare events some daughters have staked a claim to be a part of the last rites. It is interesting to note that only 15 % of respondents considered that sons bring in a dowry, therefore are cherished more. This response is unacceptable as this region like many other parts of India is infamous for the practise of dowry and no marriage is considered unless heavy amount of dowry is given to the boys parents.

Reasons for son preference: Haryana

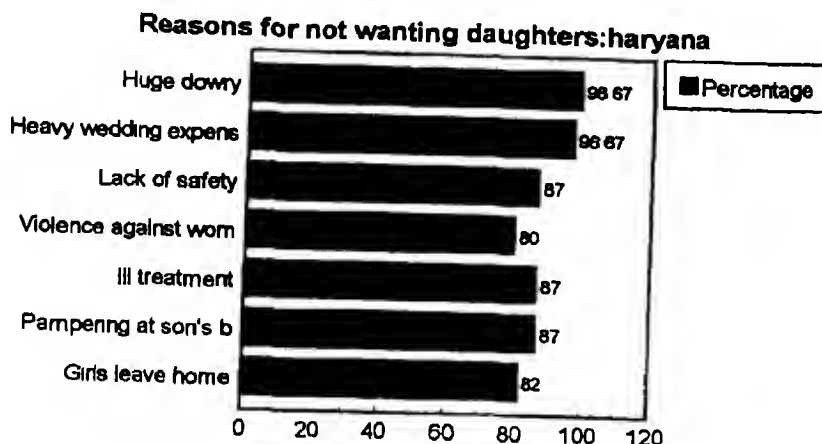


Reasons For Not Wanting Daughters

* Respondents identified dowry and heavy wedding expenses as the premier reasons for avoiding the birth of daughters which they felt was less cruel than female infanticide "It is better than having them burnt as brides" The bitterness is evident when they utter, "It is better to end their existence before we develop any feelings for them Torture of grown up daughters is unbearable"

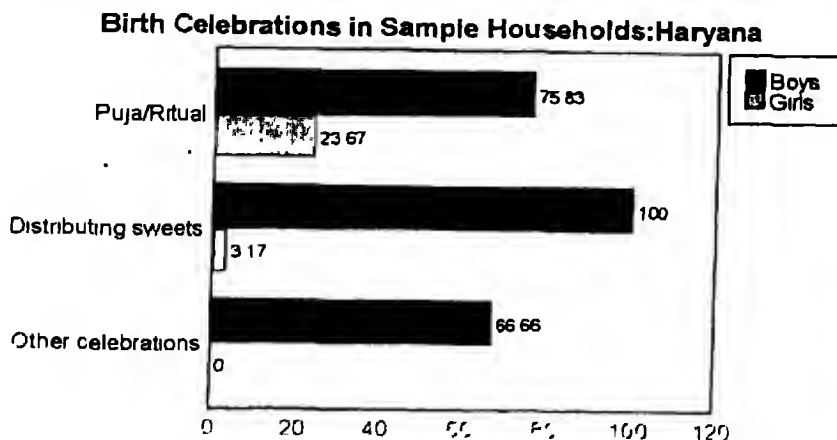
* Lack of personal safety of girls and the worsening law and order situation are seen as major hazards for raising up of daughters

* Female respondents stated that they do not want to see their daughters suffering the fate of their mothers who are often subjected to physical and mental cruelty by the husbands Again, these women stated, "The humiliation and ill treatment given to women at the birth of daughters is unbearable, whereas, if you produce a son, you are rewarded with all the care, good food, even clothes and jewelry and are given a lot of importance. Ours is a living hell We do not want our daughters to go through the same The girls have to leave for another house They are not going to be around when we are old They are *praye amanai*".



Birth Celebrations

* As far as sex differentials in birth celebrations are concerned, there is a noticeable discrimination against the female child. Close to 76% respondents reported that they perform all rituals and 100% respondents stated that they celebrate the birth of a son by distributing sweets to their relatives and friends. Girls are welcomed into this world very differently. Only 24% respondents said that they perform puja and observe rituals for the birth of daughters and a bare 3% said they distribute sweets on the birth of a female child. Other ceremonies like feasting, singing, *thali hajana* and distribution of money and gifts is done only at the birth of a male child. Dais receive their share when they announce the birth of a son and married daughters receive gifts from their parents and brothers on the arrival of a male baby.



Immunization

The respondents were asked about the immunization of their children for vaccine preventable diseases the response was very heartening. Most families reported that they were getting their children immunized. The knowledge about different vaccines and their exact purpose was very superficial. They saw these efforts of the government as something in their interest and free and hence cooperated.

Breast Feeding , Ante Natal and Post Natal Care

The general response as regards breast feeding was positive and no discrimination was made between male and female infants stated the respondents. However, in depth probing finally made them admit that girls are breast fed for a shorter duration compared to boys. Lactation period of girls is kept at a minimum as the mother can conceive quickly.

Awareness about Laws

- The respondents were not aware that the medical tests employed for sex detection were a misuse and that these tests were meant for detecting any malformation of the fetus or other complications about the health and position of the fetus and the mother. That there is any proposed law for banning the misuse of the medical tests for sex determination was not known to them. The common perception was that these *doorbeens* (ultra sound equipment) had been issued to the doctors for the purpose of finding out the sex of the unborn so that the family size can be reduced.
- About 42% respondents had the knowledge that abortion is permitted under the law and can be arranged by the government hospitals and dispensaries in addition to private doctors.
- More than 58% respondents were aware of the anti dowry act but again were not knowledgeable about the exact provisions of the Dowry Prohibition Act as amended from time to time. We felt very difficult to raise huge sums of dowry for marrying off our daughters. The expectations are increasing day by day. From scooters and motor cycles and cars to refrigerators, TV, and now washing machines and what not, the list of dowry items and is growing longer and longer". Dowry, they felt was the chief cause for destroying daughters altogether or for their neglect in matters of education, training, health etc. "No matter how much you spend on their education and upbringing, you still have to amass huge sums for dowry".
- The respondents had no perception that there were any laws under which violence against women and their harassment was a punishable offense. Domestic violence, wife battering etc. were seen as an unbroken tradition on which no body had any control. "A woman can be beaten up and even thrown on the streets and nobody intervenes. After all she is somebody's daughter".

Table 2.15

Awareness about laws amongst respondents: Haryana

1. Sex determination tests are illegal unless for medical purposes (5.0%)
 2. Abortion is permitted under law (41.67%)
 3. Dowry is illegal (58.33%)
 4. Violence against women is punishable under (2.33%)
 5. Women have been given equality before law (50.17%)
 6. Hindu law permits equal share in ancestral property for males and females (76.33%)
 7. Labour laws (equal wages for equal work, maternity benefits, creches etc.) (5.33%)

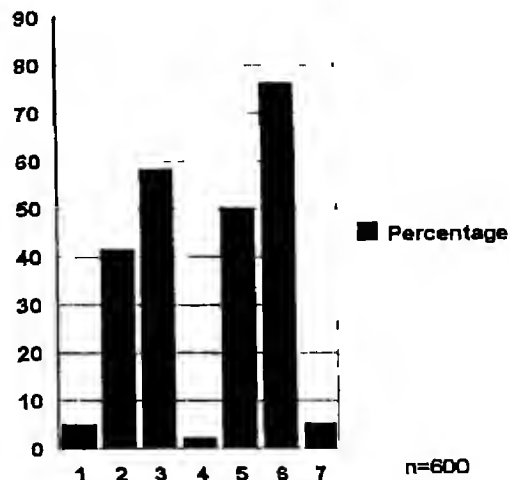
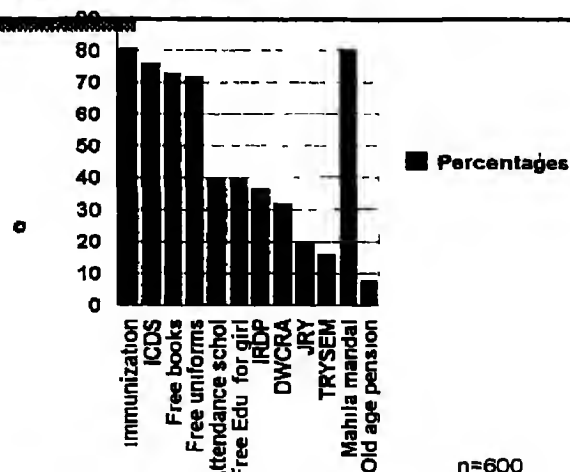


Table 2.16

Awareness of respondents about development schemes and programmes: Haryana

1. Health programmes like immunization (81.0%)
 2. ICDS (76.0%)
 3. Education schemes and programmes like free books (73%); free uniform (72%) and attendance scholarship (40%) for SC girls and free education for girls upto higher secondary (40%)
 4. Other developmental programmes: IRDP (36.8%); DWCRA (32%); JRY (20%); TRYSEM (16%); Mahila Mandak (80%)
 5. Old age pension scheme (8%)



- The respondents were well aware that women have equal rights which are not given to them by the family or the society " Given a chance, we can do everything men can do, even better", piped in a young fiery educated woman in her early thirties
- A total of 76 % respondents were aware that daughters have an equal right in the ancestral property is known but girls do not get their share as the dowry and wedding expenses are seen as girls' share in lieu of immovable assets of the family In most cases, the girls surrender their formal right of their own will for family harmony. " If we ask for our share, our brothers will not welcome us at all, and we do need their support"

Awareness about Development Schemes among Respondents

- The level of awareness about different schemes and programs of the various government departments was found to be low generally
- Awareness about the health programs like immunization and ICDS was high About 81 % respondents were quite aware about health care programmes of the government About 76 % respondents had awareness about ICDS
- Knowledge about educational schemes for girls was low and for the programs like IRDP as a whole and schemes like DWCRA, TRYSEM, JRY or Mahila Mandals

Seventy three percent respondents had enough knowledge about the educational schemes and programmes of the government They were also aware that girls are given free uniforms in the government run schools Awareness about free higher education for girls was low Only 40 % respondents were aware about this scheme Thirty two percent respondents were aware about DWCRA , 20 % about JRY Only 16 % had the knowledge about TRYSEM

- Only 8% respondents showed any knowledge about the Old Age Pension Scheme

Gender Role Perceptions of Respondents

Fourteen positive statements on gender equality were canvassed to the respondents covering different aspects like education, health, freedom, abilities , capabilities, opportunities, decision making, division of labour and rewards, share in property and assets, equal intelligence for task performance, occupations, decision making, joint ownership of assets, division of labour, equal wages and equal rights in property, among others

- Nearly all respondents appeared to agree that both boys and girls need to be given equal education, equal food and equal health care. In actual life discrimination continues to be practiced in differential feeding practices, unequal educational and health care and girls continue to be treated as of little value compared to boys.
- Only 58% respondents favour equal time for play for girls and boys but equal freedom for both is acceptable only to about 27% respondents
- About 45 % respondents think both boys and girls can be assigned same duties , both have same abilities and intelligence and can perform all tasks equally well

- Only half the respondents feel that both sexes can have similar occupations although 92% favour equal wages for equal work
- Less than half the respondents favoured sharing of household work by both sexes and joint decision making by the husband and wife
- Only a little over a quarter of the respondents favoured holding of joint assets by the two spouses and equal share of the daughter in the family property

Considering, 89% respondents were female, such responses as noted above are indicative of a very low level of self confidence and a low self image among these women who at times appeared to give the impression that they are aware of their right to equality and were feeling oppressed. This ambivalence is indicative of the deep seated inequalities that have been internalized by these women due to millennia of subordination and subservience. They seem to forget that they are a very valuable half of the human race.

Table 2 17

Gender Equality Perceptions of Respondents:Haryana

- 1.Both should be given equal education
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- 3.Both should be given equal health care
- 4.Both can be assigned same duties
- 5.Both should be given same freedom
- 6.Both should be given equal time to play
- 7.Both can perform all tasks equally well
- 8.Both can have similar occupations.
- 9.Both have same intelligence and abilities
- 10. Equal wages for equal work
- 11. Husband and wife should take all decisions jointly
- 12. Household work must be shared by all members of the household
- 13. Family assets should be owned jointly by husband and wife
- 14. Girls should receive equal share in family property

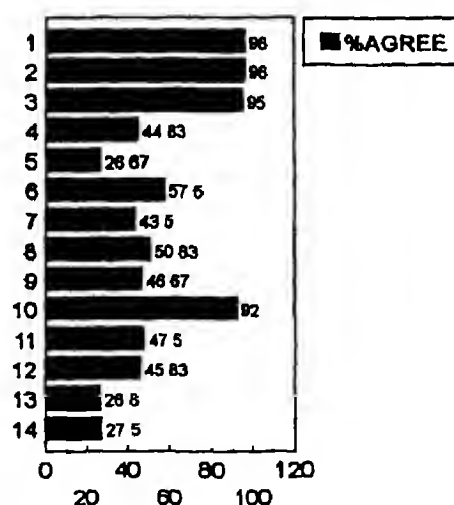
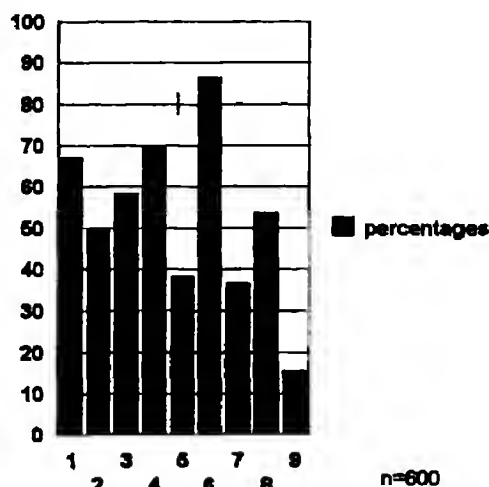


Table 2.18

Suggestions of respondents for developing positive attitudes towards girls and women and training thereof of all concerned:Haryana

- 1. Effective implementation of existing laws especially property and inheritance rights/new laws against dowry and sex determination etc (67.17)
- 2. Positive portrayal in media for mass awareness (49.67)
- 3. Information campaign on laws, programmes, schemes (58.33)
- 4. Gender sensitization of all officials and development workers (69.5)
- 5. Provision of better health care for women and girls (38.33)
- 6. Education for girls and gender bias free curriculum transaction and orientation of educational personnel (86.67)
- 7. Reservation in government jobs, schemes, state and national legislatures and panchayats and municipalities (36.67)
- 8. Promotion of women in leading roles in organisations, occupations, public committees (53.67)
- 9. Preparation and training of women and girls for leadership and decision making, also personal safety (15.33)



The respondents felt that education of women is the key to the improvement of the worth of women and girls. Further, employment and earning of women would raise the value of girls who are at the moment considered a burden only. Although a large number of them were perhaps a party to this crime, they were condemning outright, the foeticide and neglect of the girl child. None of the respondents admitted female infanticide, although some of the dais did mention underbreath cases of killing of new born females by putting in lot mutton broth in the gullet of the female infant or by asphyxiation, among others. Some of the respondents were vocal about the need to use all media for creating awareness about the need to stop this crime.

Interviews with Dais

In all 64 Dais were interviewed in the seven study districts of Punjab and Haryana for ascertaining the reasons for the highly adverse sex ratio in the age group 0-6 years. The responses of the Dais are as under:

Background of the respondents

- Sixty six percent of the respondents were between 31-50 years of age, the remaining were above fifty
- Fifty nine percent of the Dais were illiterate, 9% were barely literate, about 16% had primary education, 6% had education up to the middle level and 9% were educated up to the secondary level
- Seventy five percent had received training and the rest were untrained
- The Dais reported that on an average they were attending about 10 deliveries in a month
- Forty one percent of these Dais claimed they could foretell the sex of the foetus on the basis of their experience
 - "If a boy, the belly protrudes outwards"
 - "If the line from the navel to the pit of the stomach is straight it is a boy, if crooked, it is surely a girl"
 - "By observing the position of the foetus, girls to the right boys to the left"
 - "By the foetal movement which is weak in the case of girls"
 - "By feeling the ribs of the pregnant woman"
 - "By observing as to which foot is lifted first by an expectant mother"
 - "By the type of food preference of the expectant mothers"
- They finally conceded that it was largely guess work (*tukka*)
- The dais reported that women perform *pujas*, observe fasts, wear a *laveez*, go to the *Sadhus*, chant *mantras* (*jaap*); and observe other rituals to beget sons
- The Dais reported that for boys in all cases, the families distribute sweets and carry out *puja* (37%), and even special *sangeet* sessions are organised. For girls, nothing is done
- Close to 90% Dais were aware of the sex determination test done by a *doorbeen*. Practically none knew about amniocentesis or any other technique for this purpose
- Nearly all of them reported (90%) that these tests were done by the private doctors in nearby urban areas and the expectant mothers were accompanied by their husbands mostly. "Now some doctors bring these machines to the village in their vehicles"
- Fifty percent dais reported that the abortions are carried out in private clinics, 37% stated that abortions are carried in government hospitals and health centres
- According to them the major killers of infants are diarrhea, dysentery, dehydration, vomiting, diphtheria and malaria

- More male infants die although the families take a lot of care and try to get some medical help for boys, but not for girls
- All of them stated that they receive gifts in the form of money, sweets, even new clothes when they deliver a boy but get nothing when the girls are born nor do they expect anything. In fact a great majority (78%) stated that they feel awfully bad when a girl is delivered (*dukh lagta hai*). Many stated that they even try and console the mother as the family suddenly becomes very cold towards them and these young mothers often cry when they come to know they have given birth to a girl. "Khushi to ladke ki hoti hai Sab khush hote hain" (If a boy is born, everyone feels happy and so do we). They state there is gloom all round when a girl arrives and "when the parents feel sad, we cannot remain unaffected". "When a girl is born, we just keep quiet and they at once understand it is a girl". "The desire for a son is centuries old (*sadiyon se chahi aye hai*)". Even the educated want a son for sure and two preferably. The parents feel very sorry and dejected and others around them show sympathy at the mishap.
- In a rural dispensary on the Delhi Haryana border, it was observed by the junior resident doctors that the Dai would announce the birth of a boy by banging a *thali* (a brass or a steel plate) and for girls an earthen pot is broken by throwing it on the ground.
- By and large, the dais appeared to favour equal education, equal amount of food, equal health care and medical attention for both boys and girls. They gave egalitarian responses to other statements. They believe that both boys and girls can be assigned same duties, responsibilities, and can perform all tasks equally well.
- Two third of the respondents were, of course, against equal freedom to boys and girls.

Interviews with Doctors and District Officials in Study Districts

- There is mourning on the birth of a female issue as she is considered a result of some evil karmas.
- A mother loses all respect if she delivers a female child.
- A female baby is born healthy but due to negligence falls prey to diseases and ultimately dies. We see more malnutrition in girls than in boys.
- Devalued as females, even mothers do not want to give birth to girls and insist on abortion.
- A girl is considered a burden on parents as she comes in with a liability of dowry. Besides educating them, huge amounts are spent on engagement, wedding. The rich can afford and carry on several ceremonies as part of the marriage alliance such as Akha Dekha, rokha, kudmai, entertainments of barat, actual wedding and after all this the father of the bride stands with folded hands before the boy's parents. Earlier this was a custom of *pagri* by the girl's father and putting it on the feet of the boy's father.
- Due to problem of insecurity for ages people of Punjab and Haryana want only a male child. Son preference is also there for the continuity of the dynasty and for the performance of the last rites of the parents.

- Women in Punjab and Haryana are deprived the right of self expression. They do not get enough nutrition food which results in diseases like anemia, and infections. A woman is not allowed to come alone to urban areas for medical check ups. Social tensions have created health problems for women. Female patient is brought to the hospital or to some private clinics when she is about to die. There is lack of attention and neglect of women.
- Malnutrition has become a problem for us. Female patients are usually anemic and have very low hemoglobin and yet they are ready for the abortion of female fetus several times without caring for their health till they get a male child. Rural women work more and eat less. It affects their health tremendously.
- In villages as well as in urban areas people are in favor of sex tests. This facility is only in private clinics of urban areas. Patients go for sex tests. Even if they have one or two gram hemoglobin a woman does not want to keep a girl if she has one son. Such women would say that they have one issue and that is enough. If a woman has already had three operations. She is ready for the fourth one to get a son ultimately at total risk to her own health. Poor women borrow money to get the female fetus aborted. Rich women say they have to face problems of their daughters like adjustment in the new household because of heavy demand of dowry. So they do not like girls.
- Because of male domination these women abort the female fetus. Sex ratio will further go down, unless moral character of doctors performing sex tests is not up to the mark. Actually all sex tests are done by private doctors to earn fabulous money. There is Amniocentesis test done in early months of pregnancy and ultra sound machines can detect sex after 10 to 12 months of pregnancy. In later stages of pregnancy abortion is very dangerous for the health of patient, but almost every woman is ready to abort female fetus at any stage. There have been complaints against Mittal laboratories in Faridkot and Dr. Bhandari in Amritsar for the detection of sex and abortion of number – less female fetuses. Some ultra sound owner in Moga has been punished by law enforcing authorities for doing the sex test business.
- Business class has started going for sex tests and they are degrading public mentality. Law to stop sex tests has been passed, but is yet to be implemented.
- According to doctors of Punjab and Haryana, sex offences sometimes take place in open fields. So still there are patriarchal societies where male domination is prevalent viewing a girl as a liability and they give clear admission of female feticide, however, grudgingly admitted, from the highest health official in a city to the lowest health workers in the village.
- Senior district officials were aware of the sex selective abortions that were being carried out in private clinics and even in government hospitals. A Civil Surgeon for instance said, "What is wrong with terminating unwanted pregnancies especially if these are girls. What will a person do with a fifth or a sixth or a seventh daughter. *Kya kya larkion ka achar dalega*" (Would he make a pickle out of girls and girls). This shows utter lack of sensitivity where a person sees girls as dispensable and unwanted.
- A District Collector very frankly admitted that he learnt about sex ratio etc and gender discrimination when he attended a workshop recently but he was actually shocked that his district was one of the worst in the country in sex ratio. 'I had some idea but not

e the exact situation" He was candid enough to admit that girls are a problem to bring up as their security and surveillance is a major issue " I have two sons only and I can assure you they came naturally- no sex selection My wife is also working and is posted in a different town I am sure she would not have been able to work if we had girls."

- Having women colleagues is cumbersome. " We do not know how to deal with them They are too sensitive. They are efficient no doubt You see the status of women is very poor in our societies especially the working women The real thing is that all men look at women colleagues as women only and as prospective companions We must learn to give women respect which is due to them Only then we would redeem our girl child you are talking about so much".
- "Dowry and property appear to be culprits. so people want only sons Education must prepare young men and women to reject this practice and take a vow in their institutions that they will not marry for dowry Media has a role but people themselves must come forward and not wait for the government to take all action all the time "

Section 3

Village Case Studies and Highlights of the Focussed Group Discussion

Focussed Group Discussions: Punjab

Village : Jhabbal Manan, Block : Tarn Taran, District: Amritsar

Distance from the Block Head Quarter: 8 kms., Main communities: Jats Sikh and SC Main Occupations: Agriculture, Business and Service, Educational Facilities. One Primary School. Health Facilities. One PHC, Women and Child Development One Mahila Mandal (Non-functional) and One Anganwadi

Population in 1991		Male	Female	Sex Ratio
(i)	All Age Groups	3053	2530	829
(ii)	0-6 years	501	402	802

Focussed Group Discussion: In Jhabbal Manan village, two group discussions were held. The male group had prominent members of the community including the Sarpanch, members of Panchayat (excluding the woman Panch) and a few educated people of the village. In all there were 15 participants belonging to diverse occupations such as agriculturists, teachers, tradesmen, service holders. The female group also included a majority of educated women in age group 20-45 years. The group also included a dai, 2 teachers and 2 anganwadi workers. The village was affluent with a majority of population being rich landlords and the rest being wage earners.

Major Findings

- (i) Both the group discussions showed that there was high awareness of sex determination tests amongst the villagers, both men and women. They were aware that the female count is decreasing perceptibly and this is due to the ready availability of ultrasound facility. Women go for these tests and absolve themselves of the guilt of female foeticide by saying that it is a direct result of the government's policy of family planning and the social evil of dowry.
- (ii) Strong son preference was noticed. A son's birth, at whatever number, is celebrated with great pomp and show. A daughter's birth even if she is first born, is not a happy occasion.
- (iii) Dowry is prevalent over here on a massive scale. Alongwith this dowry harassment also exists, which they accept with a fatalistic attitude.
- (iv) The village has a P H C but it is not equipped to meet any emergency. Villagers go to Amritsar city for any emergency.
- (v) The poorer section of the village depend on the dai for delivery cases who has a 3 month training and is very ill equipped. Only for dire emergency, do the poor go to the city.

(vi) None of the participants agreed to leave their property to their daughters. One old man said that if there is no son, property is left usually to the nephew. In some cases, in the absence of sons, property is left to resident son in law (*GHAR JAMAIN*).

(vii) The status of women is low. They have little say in decision making. Naked force and abusive language is used to run women down. Liquor was referred to as a major curse by women.

Suggested Interventions

* The most important remedy is education for girls and for this they wanted a separate school for girls especially at the middle level. Villagers also wanted incentive schemes for girls' education.

* Vocational education for women in age group 18-35 years and awareness generating programmes for women as regards information about different vocations are required.

* Anganwadi workers complained of inadequate supply of food material and need some incentives alongwith enhancement of salary.

* Non functional Mahila Mandal needs to be activated and educated women to be drawn to the forefront for this work.

Village :Gohalwar, Block : Tarn Taran, District :Amritsar

Distance from the Block Head Quarter: 8 kms., Main Communities. Jats, SC and OBC, Main Occupations: Agriculture, Educational Facilities: One Primary School, One Middle School, Health Facilities: One Sub Health Centre, Women and Child Development: Two Anganwadis

Population in 1991		Male	Female	Sex Ratio
(i)	All Age Groups	2338	1995	853
(ii)	0-6 years	389	301	773

Focussed Group Discussion: In this village group discussions were held separately with men and women in the school premises. The population of this village consists primarily of the landed Jat Sikh and the Mazhabi Sikhs who are classified under the scheduled castes.

Major Findings

(i) Probably because of the fact that there was no other noticeably large enough community in the village there was striking polarity in views and attitudes. There was thorough male-domination in all affairs and the plight of women was bad.

- (ii) Female births are comparatively lesser and this is evident even from the village records. The sex ratio in the 0-6 age group has indeed fallen and the villagers were aware of it.
- (iii) Women in the reproductive age group were aware of sex detection and go in for abortion if the foetus is a female. "*Kudi dee ker ijjat ve. O kithe wee kalli nai ja sakdi Munde jithe marzi ghumman*". (A girl has no respect in the society. She cannot be alone outside, but a boy can move anywhere at any time. He is not bound to sit at home). They also stated that the mother in law insists on a son because he is essential to carry on the family's name. "How many children we can carry full term to produce the family heirs. So now there is a short cut"
- (iv) The information about the medical facility available in the city is being grossly misconstrued. Ultrasound has been understood as meant only for sex determination and its medical relevance and use are not known at all.
- (v) The dai here has played a major role in informing and motivating the villagers about the availability and the use of this facility in the city.
- (vi) The girl is not given any property rights in the parental family and the mere mention of this is an anathema to the landed classes.
- (vii) The male babies get better care. There is clear discrimination against the female child with regard to health facilities. The female babies here die more due to general weakness and malnutrition. The male babies, on the other hand, succumb to only specific illness like cholera or typhoid. Even the dai talked of sheer negligence in the case of female babies. Women here report "*Kudtyan nu kaun poochhdae. Munda sub kuchch ne*" (who is bothered about girls here. Sons are all in all) and they seem to accept their lot with resignation.
- (viii) Girls here are secondary, son always gets primacy. He is the cherished, cared and loved offspring.
- (ix) When a girl is born there is general depression. Here it is said, "*As museebat kithon jam pai*". (Where has this calamity come to us from). Later she is taken as an inconvenience that has to be borne.
- (x) There is no sense of equality between the males and the females. Everything is blamed very squarely on the female. Even foeticide is blamed on the woman for it is she who goes and gets it done (men only accompany them).
- (xi) The said plight of women was not linked by anyone to social environmental factors. The general opinion was that women ought to be family bound and her identity outside of it was unthinkable.
- (xii) The Mahila Mandal was not-functional.
- (xiii) The Anganwadi and Balwadi facilities are quite insufficient to cater to all the children in the 0-6 years age group.

Suggested Interventions

- * Ultrasound facility should be removed even from the city. The government should give exemplary punishment to such doctors and parents who collude to kill girls.

- * Awareness of women about themselves and their confidence needs to be built up.
- * The schools should tell boys and girls not to marry for dowry
- * Radio and TV should give right messages on the importance of girls for our society
- * Health workers should not play a negative role by using health delivery services for destroying female fetuses.

Village : Pandori Ran Singh, Block: Tarn Taran, District: Amritsar

Distance from the Block Head Quarter. 7 kms., Main Communities: Jats Sikh, SC and OBC Main Occupations Agriculture and Wage Labour. Educational Facilities: One Primary School and One High School. Health Facilities: One PHC. Women and Child Development: One Mahila Mandal (Only on papers) and One Anganwadi.

Population in 1991		Male	Female	Sex Ratio
(i)	All Age Groups	1472	1308	880
(ii)	0-6 years	234	212	905

Focussed Group Discussion. Here also separate group discussions were held with the men and the women. The men's group had the sarpanch and two members of the Panchayat among others. The women's group included the Dai

Major Findings

- (i) Everyone involved in the group discussion were aware of the sex determination tests
- (ii) Young couples in the village are all for sex determination tests and then for abortion if it is a female, for they feel that a female child is a financial liability. No body generally went for abortion in the case of a first pregnancy, but for the subsequent pregnancies it was seen as essential. This was so because a son is absolutely essential, among other things, to carry on the family name. A daughter is viewed as a burden whereas the son is seen as the prospective bread winner. Dowry is prevalent as it is clearly seen as the substitute for daughters' share in property. "There is no question of giving her property for dowry will still have to be given. Each year, the amount increases the demands range from cycles to Maruti's.
- (iii) The poorer sections denied going for this sex determination tests saying that only those people go for it who can afford it. According to them the whole exercise costs a minimum of around Rs.1,200/-
- (iv) Banning ultra sound did not also sound like a deterrent for some of them said that it was bound to continue illegally
- (v) The status of women is very low. Women are viewed primarily as a means for reproduction and for doing domestic chores. They have no means of expressing their aspirations and they hardly have any tangible platform to put their views across. "Men drink, gamble and when you question, they beat you up" Mahila Mandal is only on paper and the Panchayat does not have any vocal women as members

tangible platform to put their views across "Men drink, gamble and when you question, they beat you up" Mahila Mandal is only on paper and the Panchayat does not have any vocal women as members

(vi) Education of young girls is not a priority issue with the villagers "Girls should master the household arts For girls there is no need to work"

Suggested Interventions

* Ultra sound ought to be banned and proper laws and regulations giving punishment etc. The code of conduct for the doctors ought to be laid down so that ultra sound is not abused.

* Woman panch should be asked to play an active role in the Panchayat and Mahila Mandal should to be energised

* Schooling of girls and adult education especially women's should be given a boost Vocational training should be imparted to the women so that they gain financial independence Financial independence should be coupled with awareness of their rights and independence in the true sense of the term.

Village : Pandori Sidhwan, Block : Tarn Taran, District: Amritsar

Distance from the Block Head Quarter: 15 kms, Main Communities: Sikh and SC Main Occupations Agriculture and Wage Labour. Educational Facilities One Primary School, One High School, Health Facilities: One PHC Women and Child Development: No Mahila Mandal and Anganwadi

Population in 1991		Male	Female	Sex Ratio
(i)	All Age Groups	567	534	942
(ii)	0-6 years	112	92	821

Focussed Group Discussion Two group discussions were held in village Pandori Sidhwan of district Amritsar. The male group included the Sarpanch and some members of the Panchayat. The group also included 2 teachers and 1 government servant. In all there were 10 members. The female group consisted of 15 women, mostly in the age group of 35 to 50. A large number of these women were widows. This village seemed to be gradually coming back to normal after the turmoil of the nineteen eighties.

Major Findings

(i) Terrorism had created havoc in their lives. The fear and sense of insecurity especially regarding girls, continues to prevail. This has affected the status of women in the village. The villagers prefer to marry off their daughters at a young age, more often before 18 years. Dropout rates amongst girls is high as compared to boys, especially after primary schooling.

(ii) No share is given to the girls from parental property. Both men and women of senior and junior age groups believed that it was pointless breaking the landholdings into small parts. The parents are not keen to give share in the property to girls and neither do the daughters want a share in parental property.

normalcy still it had affected the psyche of the people. For these villagers having a daughter was akin to the tension of the highest order. "Instead of living in constant fear that the girl will be raped or killed for dowry, it is better not to have one".

(iv) Everybody in the discussion was quite aware of ultra sound sex determination tests. The sense of insecurity on account of civil disturbances and lawlessness was seen as reason enough to indulge in female foeticide.

(v) Dowry was also prevalent on a large scale. Most of the women said, "Even after giving a huge dowry, there is no guarantee of their daughter's happy wedded life".

(vi) Most of the participants said that if seats were reserved for them in technical and professional courses, it will help in raising the status of women, especially in rural areas.

(vii) There are 204 children in 0-6 age groups but there is no ECCE centre in Pandori Sidhwan. This had resulted in dropout and non enrolment of girls.

(viii) There was no Mahila Mandal in the village. When asked about it, the women had no awareness about formation and functions of Mahila Mandals. The younger lot of women in the village appear to be very suppressed. But when they were familiarised with the concept of Mahila Mandal, they showed eagerness to have such a forum in the village.

Suggested Interventions

- * Being too scared of terrorist activities, continuance of law and order was the call of all the members.
- * Seats must be reserved for women in professional courses.
- * ECCE and Mahila Mandal should be established.
- * Women Panchayat Members must be provided with training. Orientation programmes are needed for women panchayat members to train them to take an active part in the proceedings of the Panchayat.
- * Mahila Mandal must be organized.

Village : Dal Singh Wala, Block: Kotkapura, District : Faridkot

Distance from the Block Head Quarter: 20 kms. Main Communities: Jats Sikhs, Hindu and SC. Main Occupations: Agriculture and Wage Labour. Educational Facilities: One Primary School, and One Private Middle School. Health Facilities: No PHC (available Katkapura 20 kms. From village). Women and Child Development: One Mahila Mandal and One Anganwadi.

Population in 1991	Male	Female	Sex Ratio
All Age Groups	1338	1090	814

Focussed Group Discussion The group of men led by the Sarpanch was an active group having sufficient information about the life and the condition of the people in the village. The discussion with the female

group was arranged in the school and was led by a Mahila Mandal worker. She presented the whole picture of the life style of women in the village. She told us that she wanted to raise the standard of the women but due to the lack of resources and strong male domination, she found herself helpless. Here the women appeared to be a bit bold and they wanted a change in the society.

Major Findings

- (i) Strong son preference exists
- (ii) Women were largely house bound. Environment of general insecurity is prevalent
- (iii) Most of the women go to urban areas for sex determination tests. Old women informed that the nurses and dai motivate the expectant women to go for the test
- (iv) Rich dowry is given on the marriage of their daughters within caste
- (v) Women are aware of laws.
- (vi) Performance of Mahila Mandal is poor as resources are lacking, and the working of the Anganwadi, is not satisfactory. There is political interference also
- (vii) The village has no health facility. The villagers have to go to Jaito which is 7-8 kms away
- (viii) The village has one primary school and one private middle school. There is high dropout especially amongst girls of weaker sections after class V
- (ix) Most of the people are against giving share in property to the daughters.

Suggested Interventions

- * Political interference should be stopped.
- * Credit facility for women may be organised and vocational training for the women must be provided.
- * Share in property should be given to the girls in the husband's property and assets after marriage.
- * Rewards and incentives for the parents of the daughters would help.
- * Reservation in jobs for women is recommended.

Village : Kotha Chand Singh, Block : Kotkapura, District: Faridkot

Distance from the Block Head Quarter: 16 kms, Main Communities: Jats Sikh, Muslim and SC, Main Occupations: Agriculture, Wage Labour and Service, Educational Facilities: One Primary School, Health Facilities: One PHC, Women and Child Development No Mahila Mandal, One Anganwadi

Population 1991	Male	Female	Sex Ratio
All Age Groups	559	420	751

Focussed Group Discussion: There was a discussion with men led by the pradhan, one with that was women led by a social worker in the school. Both groups did not have any clear idea about female infanticide and foeticide. Almost all men were blaming women. According to them it is only women who are responsible for such things.

Major Findings

- (i) Female foeticide was found on a large scale. Most of the women were of view that the in-laws forced them to undergo ultrasound tests. "A son is need for to carry on family's name, for old age and also for last rites" expressed the villagers. Girls are less welcome in this village because she goes to another house" and "she is somebody else's wealth, not ours".
- (ii) Ultrasound facility for finding out the sex of unborn child is available nearby
- (iii) The status of women is low. There is lack of education among women in general. There is also lack of infrastructure like health facility, dal etc. Girls are not allowed to go to school in the village because of lack of security
- (iv) Huge dowries are given and taken

Suggested Interventions

- * Self employment schemes should be started for girls and women.
- * Social awareness programmes be carried out through various agencies
- * Incentives like tax rebate and loan facilities for the parents of daughter may be useful

Village : Panjgrain Kalan, Block: Kotkapura, District : Faridkot

Distance from the Block Head Quarter: 8 kms, Main Communities: Jats Sikh, SC and OBC, Main Occupations. Agriculture and Wage Labour, Educational Facilities One Primary School, One Middle and One Secondary School, Health Facilities One PHC (not sufficient for all), Women and Child Development. One Mahila Mandal and One Anganwadi

Population in 1991: Male Female Sex Ratio

All Age Groups 4728 4281 905

Focussed Group Discussion: Two group discussions were held in the village, one with males including community leaders and the educated service class. The second discussion was held with women including Mahila Mandal members and Anganwadi workers. Both discussions were very informative and the participants were clear in their views. A wide gap was observed between the well off class and the weaker sections of the society.

Major Findings

- (i) Women were against the birth of daughters because they were themselves victims of suppression and did not want the same fate for their daughters.
- (ii) Everyone knew about the sex detection tests. Most of the women viewed that they were forced by their in-laws to undergo ultra sound tests. Atleast one son is needed for performing last rites.
- (iii) Low level of female literacy was observed. Poor people were not interested in educating the girls because where was the time for them to spare girls for schooling. Girls were left in the homes to look after their younger siblings and for domestic work.
- (iv) Exorbitant dowry was prevalent in the village.
- (v) Doctors were rarely available at primary health centres. In some cases it was reported doctors took bribe to give wrong statements in dowry cases.

Suggested Interventions

* Proper implementation of laws which are already in existence. Government should take immediate steps to stop dowry. (Anti Dowry Act to be made more stringent). Those who torture women should get severe punishment. The working of Mahila Mandals and Anganwadis needs to be reshaped. Improvement in the working of birth attendants and Rural Health Guides.

* Education should be job oriented. Income Generation programme must be started

Village : Sandhwan, Block : Kotkapura, District : Faridkot,

Distance from the Block Head Quarter 2 kms Main Communities Sikh, Hindu and OBC, Main Occupations Agriculture and wage labour, Educational Facilities Two primary school and one higher secondary school, Health Facilities. One PHC, Women and Child Development One Mahila Mandal and Five Anganwadi,

Population in 1991	Male	Female	Sex Ratio
All Age Groups	3131	2339	747

Focussed Group Discussion Sandhwan - A village of ex-President of India, Giani Zail Singh is occupied by Boria Sikh, Brahmin and Scheduled Castes. A discussion with men was held in a school. It was led by the Sarpanch. It was an alert group having knowledge of declining proportion of females. The Sarpanch told us that most of the SC population is living below poverty line. Another group discussion was held at the Anganwadi Centre consisting of Anganwadi worker and women of different communities. Most of these women were illiterate but quite aware and vocal.

Major Findings

- (i) There is a decided son-preference. Parents felt, they need a son to carry on their family name among other things. Girls are unwanted. It is only because of dowry "*Hanen daa manade ne. Kudi vyan museebai ay*" (Impossible sums of dowry are demanded. It is a pain to get girls married).
- (ii) Though female infanticide was prevalent in the pre-independence period, now it is replaced by foeticide. In the past, baby girls were left in a tub of hot water for a pretty long time till dead. Girls were killed by a '*Kasai*' by pressing their throats. But now it is in practice. Women of the village wanted a social change regarding education and society. When a girl dies after birth. Then it is said "*Chalo Koyee nahin. Vanhti da poer pher bhari hosi. Puttar Jammega*". (Never mind, the daughter in law will again become pregnant and will give birth to a son).
- (iii) Ultrasound facility for finding the sex of the unborn child is in the information pack of all participants.
- (iv) All SC women were illiterate. Most of the people did not allow their daughters to go to school, especially the Scheduled Caste wherein females are illiterate. Girls were left in homes to look after their younger siblings and for domestic work. SC women were wage labourers.
- (v) Lack of medical facility was pointed out by all. It was being felt that there was scarcity of means for the development of the village (Funds, Subsidy etc.).
- (vi) Mahila Mandal was inactive and did little for the welfare of women was noted. Low wages for Anganwadi worker was pointed out as a negative point.

Suggested Interventions

- * Educational, training, vocational centres to be provided to all women, so that they develop the earning capacity.
- * Reservation in jobs for women must be provided
- * Giving or receiving of dowry should both be punished stringently.
- * Tightening of law and order is a must.
- * Adults should be educated especially in 20-35 age group regarding these matters

Village : Dudher, Block : Patiala, District: Patiala,

Distance from the Block Head Quarter: 10 Kms Main Communities Jats Sikh dominated Main Occupations: Agriculture, Business and Service, Educational Facilities: One Primary School, Health Facilities: One PHC (Available at Patiala 10 kms. from village), Women and Child Development: No Mahila Mandal and Anganwadi.

Population in 1991	Male	Female	Sex Ratio
(i) All Age Groups	457	385	842
(ii) 0-6 years	89	67	753

Focused Group Discussion: In village Dhudher, a discussion was held with a group of 40 women in the village square. There were a few male participants such as the Sarpanch, the Panch and the Chowkidar. In this village population consisted of Jat Sikhs and the Scheduled Castes. The women in the discussion belonged to both groups, with a preponderance of SC women.

Major Findings

- (i) Adults are aware of sex determination tests. There were a few women in Dhudher who had got the test done and aborted female foetus. Those who can afford it, go to Patiala to get these services
- (ii) Nobody, whether female or male, was in favour of giving girls a share in parental property. A prolonged discussion was held with the group on this point. They argued that it was not economically feasible as it led to division of property and land. If there was no male issue, they were ready to give property to the daughter, otherwise not. "The girl goes to another village or a town. She cannot carry land or a house with her. She gets her share as dowry".
- (iii) Female literacy and girls education was found to be in a bad shape, with only 85 out of 385 women were literate. Lack of awareness on all issues of development was noticed amongst the women especially among the S.C. women. There was only one primary school in the village
- (iv) There was no Mahila Mandal, Anganwadi, Balwadi or Health Centre. The plight of the women can be very well understood in the absence of any women's forum or support service infrastructure. For medical requirement, the nearest doctor is in village Dakala which is more than 3 kms. Away

(v) Early marriage was also noticed, a large number of girls being married between the age 15-17 years. They were aware of the legal age of marriage but had an attitude of "who cares" They were not aware of any adverse repercussions of early marriage "Once we marry a girl off, our responsibility to her is over. She has to live in her husband's house. If she is beaten up or ill treated, there is nothing we can do nor can we help her"

Suggested Interventions

- * The law banning use of medical tests for sex detection needs to be publicised on a large scale This law should be stringently applied with rigorous imprisonment and heavy fines
- * A separate school for girls is needed at the middle level Women teachers are also a necessity to increase girls' retention and enrolment.
- * Health service to be provided in the village and to be supervised regularly Mahila Mandal should be formed and made functional ICDS infrastructure need to be installed.
- * Vocational courses are an important need for the women and girls of the village and should be organized forthwith Job reservation might change the parental and husband's attitudes towards girls and women.

Village : Kallar - Bhaini, Block : Patiala, District : Patiala

Distance from the Block Head Quarter 10 Kms., Main Communities Jats Sikh Muslims and OBC, Main Occupations: Agriculture and Wage Labour, Educational Facilities. One Primary School, Health Facilities: One Sub Health Centre, Women and Child Development Mahila Mandal No Anganwadi

Population in 1991	Male	Female	Sex Ratio
(i) All Age Groups	601	482	802
(ii) 0-6 years	112	99	884

Focussed Group Discussion: In village Kallar Bhaini, a group discussion was held with 32 people including 12 community leaders and villagers. Majority of the participants were women in the age group 20-60 years.

Major Findings

- (i) Low valuation of females of all age groups is noticed. Sons are considered as "support in old age" and daughters as "a burden and liability" Men are the decision makers and women are relegated to household chores and child rearing.
- (ii) Awareness of ultrasound tests was evident and there was lack of knowledge about the medical use of these tests. Men and women in the age group 20-35 were in favour of sex determination of foetus A number of young married women admitted to having made use of this facility They said that they had to pay Rs 500/- for the abortion

(iii) Dowry was widely prevalent. It is accepted as the "done thing", with no feelings of guilt whatsoever

(iv) Participants were totally against any share to daughter in parental property. One woman said, "The parents give birth to the girl, rear her, marry her, give dowry, then why should they give girls a share in the property too."

(v) A total lack of awareness on gender issues was noticed amongst the villagers especially the community leaders, none was aware of the results of unhealthy of adverse sex ratio.

(vi) There is no Aanganwadi in the village. There is one health sub centre but there is no doctor, just one nurse. There are three dais in the village, two trained and one untrained. Dais form a link between doctors and villagers in the whole process of sex detection and abortion of female fetuses

(vii) There is one primary school in the village. Female literacy rate is very low, out of 482 females only 109 are literate.

(viii) The lot of women was found to be pathetic. Liquor and wife battering were rampant. These women were unaware of many issues regarding laws, education, nutrition, early marriage etc.

Suggested Interventions

* Ultrasound machines should be withdrawn from private doctors. As a deterrent measure these doctors should at least be fined heavily if found using medical tests for sex determination. The evils of sex determination tests should be publicised. The names of doctors indulging in this malpractice should be published in newspapers/dailies.

* A legal cell should be installed at block level to look into these matters. Proper sensitization of people of all age groups is needed on the property issue. An alternative suggested by villagers was that the married girls should get property in their matrimonial home.

* Sensitization programmes are needed for dais/health workers/ANM on gender issues. They are important opinion builders and can influence the villagers. Non-governmental organisations can take up programmes to tackle the low status of women by making them aware on issues of health, gender, nutrition, environment, and laws.

* Primary school needs to be upgraded to middle/high school level. Separate schools especially at middle and secondary level are needed to deal with the dropout of girls after primary stage.

Village : Karheri, Block : Patiala, District : Patiala

Distance from the Block Head Quarter 18 Kms Main Communities Jats Sikh, SC and Brahmin, Main Occupations Agriculture and Wage Labour, Educational Facilities One Primary School, One Higher Secondary School, Health Facilities One PHC, Women and Child Development No Mahila Mandal Two Anganwadi,

Population in 1991	Male	Female	Sex Ratio
(i) All Age Groups	2001	1773	886
(ii) 0-6 years	335	300	896

Focussed Group Discussion Karheri was a Jat Sikh dominated village. A group discussion was held with a heterogeneous group of 30 persons. There were 12 males and 18 females in this group. The Sarpanch and panchayat members were present in the discussion. Socially and economically, the group was diverse, consisting of Jats, Schedule Caste, O B C, among others.

Major Findings

- (i) Strong son preference and total male domination and total was evident in the village. There was a preponderance of Jat Sikh propertied class in the village and they strongly believed that atleast one son is essential because "*Dhee te rajyeen nu we bhejni pandi ve Oh te dijiyan di daulat hai, saadi nahin*" (Even the daughters of royal families went to another house and they are somebody else's wealth not ours). Even if there were cases of more girls in a family, it was due to the desire for male issue which had resulted in more female offsprings. A rich 60 year old landlord had married twice for the sake of male issue. From his first marriage he had eight daughters and was not aware of his role in determining the sex of these children.
- (ii) Awareness of ultrasound tests ran high. Even a 90 year old woman, knew about sex determination tests and disapproved of it. It was a common phenomenon not only amongst the propertied and service class people of the village but also among the S C landless labourers. A young Mazhabi Sikh woman with a two year old daughter remarked, "Now that I have one daughter, for my next pregnancy I will get the sex determined and go ahead with the pregnancy only if it is a male".
- (iii) Dowry is widely prevalent. Another social custom strongly adhered to is endogamy. A village elder said, "girl will be married within the community, even if she is married to a drunkard or a gambler".
- (iv) Another factor which makes the villagers prefer sons was a sense of insecurity and cases of molestation of girls of the village.
- (v) Violence against women especially wife battering was a common feature. Liquor was a major cause and seen as a "cause" for domestic violence.
- (vi) A feeling of casteism was also observed on the social and economic front, the "upper castes" consisted of the landowning, Jat Sikhs, the scheduled Castes (Mazhabi Sikhs) were generally landless wage labourers.

Suggested Interventions

- * The group suggested that in order to control the ultrasound menace, these machines should be withdrawn from private doctors and the government should make the existing ban on use of medical tests for sex detection more stringent
- * There should be effective implementation of laws such as Dowry Prohibition Act, Hindu Code Bill, Legal Age at Marriage (Restraint) Act. Most essential is generating awareness among the people especially women, who are most vulnerable and get affected the most.
- * Energizing of non functional Mahila Mandal needs to be made a top priority through regular orientation programmes and enough financial back up
- * Developmental programmes and schemes should be introduced in the village especially for benefit of weaker sections
- * Dissemination of information regarding loan facilities and vocations should be done. This should percolate to all levels of society
- * An apolitical vigilance committee representing educated members of all communities should be formed to negate feelings of casteism
- * Separate school for girls at middle and high school level are needed with women teachers. Adult literacy for women is at its worst and needs intervention

Village : Khera Jattan, Block : Patiala, District : Patiala

Distance from the Block Head Quarter 8 Kms. Main Communities Sikh, Hindu and SC. Main Occupations Agriculture and Wage Labour, Educational Facilities One Primary School, Health Facilities One PHC (Available at Patiala 8 kms from village), Women and Child Development: No Mahila Mandal, Only one Anganwadi

Population in 1991		Male	Female	Sex Ratio
(i)	All Age Groups	396	325	821
(ii)	0-6 years	64	56	875

Focussed Group Discussion In village Khera Jattan, a group discussion was held with 35 persons, out of whom 10 were men and 25 were women. The group represented all sections of the village. The age group was from 22 to 55 years. The Sarpanch and the Panches were also present. The discussion was held in the compound of Panchayat Ghar.

Major Findings

- (i) Preference for sons by the villagers, especially for land lineage, was evident. Women from S C community who were landless also preferred sons as they could depend on them in old age.

Suggested Interventions

- * Ultrasound machines should not be allowed to function
- * Family welfare centres should be opened within the village, so that both men and women are made aware of family planning measures. Adults should be educated, especially in the age group (20-30 years) on these matters.
- * Government should upgrade the village school so that young girls are educated further
- * Law and order must be tightened
- * Negative social practices like dowry should be removed by building public opinion and strict enforcement of the provisions of Dowry Prohibition Act

Focussed Group Discussions: Haryana

Village : Khanpur, Block : Hansi I, District : Hissar

Distance from the Block Head Quarter: 20 kms, Main Communities: Jat, SC and OBC Main Occupations: Agriculture and Wage labour, Educational Facilities: One Middle School, Health Facilities: Available at Barwala, 13 km. From Khanpur, Women and Child Development: One Mahila Mandal, Two Anganwadis

Population in 1991		Male	Female	Sex Ratio
(i)	All Age Groups	1210	940	777
(ii)	0-6 years	257	176	685

Focussed Group Discussion: Two group discussions were held, one with the men of the Panchayat and the other with a group of women. The first group had the Sarpanch and a few male panchayat members among others.

Major Findings

- (i) Panchayat members, mostly males, were not conscious of the low sex ratio in the village, nor were women particularly.
- (ii) That female foeticide is taking place, was admitted by both groups. Women are reportedly going to private doctors for sex detection and if the foetus is female, the same is aborted.
- (iii) Elderly women complained, "These, young women go to the cities along with their husbands for ultrasound without consulting us. We don't approve of this killing of girls in the womb. This is murder (Harya)".
- (iv) Women feel they are an exploited lot. Some men admitted that "a man lives off the woman's labour". Still others had appreciation for daughters and stated that "a girl is loyal to the parents for ever, the boys once married forget us. A girl works at home and these days even outside."

Suggested Interventions

- * Imprisonment and other punishment can stop this misuse of the machine.
- * Confiscation of ultrasound machines from private doctors, and their relocation in hospitals and medical colleges is needed.
- * Sufficient reservations for women in jobs will raise the low status of women.
- * Free education for all girls will lead to more awareness and hence better status for women in the village.
- * Legal provisions relating to women need to be implemented in letter and spirit.
- * The middle school has only 2 female teachers and 10 male teachers. The school needs to be upgraded. A separate school for girls is also required to reduce the dropout of girls after primary.

Village : Masoodpur, Block : Hansi I, District : Hissar

Distance from the Block Head Quarter: 15 kms., **Main Communities:** Jat, OBC and SC, **Main Occupations:** Agriculture and Wage labour, **Educational Facilities:** One Primary School, One Higher Secondary School and One ITI, **Women and Child Development:** One Mahila Mandal

Population in 1991	Male	Female	Sex Ratio
(i) All Age Groups	3305	2680	811
(ii) 0-6 years	631	510	808

Focussed Group Discussion: Two group discussions were held, one with the Panchayat Members (12 excluding the woman Panch) and Women's Group (30)

Major Findings

- (i) On inquiring about the absence of the woman Panch it surfaced that she had gone to work in the fields. An interesting contrast was a group of men playing cards and smoking "hookah" in the verandah outside. The male group was totally unaware of the declining sex ratio and its adverse repercussions
- (ii) Women showed more awareness of the subject and most of them were very vocal about the problems faced by them.
- (iii) Strong son preference and low valuation of female life exists. Both groups, unanimously said that atleast one son is essential. The male group (Pradhan) said, "we do not want girls to be born as the environment in the village is not safe for girls". This attitude was mainly due to lack of security and rising lawlessness.
- (iv) The women's group said that having a girl means a financial burden. For them a son is essential as he carries on the family name. One old lady, said, "Beta Ghar Ka Chirag Hai" (A son is the light of the house)
- (v) Awareness about ultrasound tests in this village was found to be moderate. In both groups, majority of participants were not aware of any such tests, though they knew about female infanticide in pre-independent India, when female infants were killed by drowning in water. In the women's group, some women (especially those belonging to agriculturist Jat families) had heard about ultrasound tests whereas women belonging to SC and backward communities had no idea about it. But all women were aware that declining sex ratio would be hazardous as one participant put it "Boys would roam around on the streets with nobody to marry them if girls are killed" (Yadi Ladkian aise hi mari jati rahi to ladke aise hi sarkon par ghumte rahenge, shadi karne ke liye koi nahin hoga).
- (vi) Dowry is prevalent, especially among the landed class of Jats and Gujjars who give rich dowry. Dowry is present amongst S.C., Backward Castes also on a smaller scale. In richer families marriages are performed on a lavish scale. Hypergamy was also strictly adhered to while marrying girls. Both the factors

of dowry and caste restrictions in marriage made parents prefer sons. "A girl is a life long liability. You feed her, clothe her and even educate her. Then what, we still have to give dowry, spend lakhs on their weddings and later forever and ever, the parents have to give her, at birth of her children, their marriages and even her death expenses. With a boy you get all this from the girls' parents".

(vii) Early marriage was evident. There were a large number of women in the age group 15-19 who had already been married for a few years and had 1 or 2 issues. According to the Pradhan there has been a tradition to marry girls early. On being asked whether they knew that the legal age at marriage for girls is 18, the women said yes, but added that in rural areas no one pays any heed to laws (*gaon mein kahun ko kaun puchhta hai, vaise jo kahun bane hue hain kya sarkar un par amal karti hai, agar sarkar hi nahin karti to log kyon puchhenge*). "Who cares for law. Does government who makes these laws, observe the same. If they don't why would people do so"

(viii) Regarding sharing parental property, both groups were against it; the men's group blamed the girls who did not want a share in the property, preferring to leave it to their brothers or male cousins and felt that girls should receive property in their marital home and not ask for a share in the parental property.

(ix) The village had Mahila Mandal which was not active. The woman Panch too had no contribution to make as she was busy on her fields and in her house. Regarding the woman Panch, a woman made a statement, "*Auraton ka panchayat mein hone ya na hone se kya fark padta hai, sare faisle to mard hi karte hain*". (What difference does it make whether women are in the panchayat or not. Ultimately, all decisions are taken by the men.

(x) The woman running the sewing centre was 25 years old, a matriculate and was unmarried. She was active and displayed initiative, a good role model for the young girls of the village.

(xi) Education for girls was again at a low. The village had a primary and a higher secondary school, also an I.T.I. But the men were of the view that boys have to earn and take care of the family and therefore, should be educated, whereas girls could do without education. In the discussion with women, it was found that girls are withdrawn after primary school generally as parents do not like their daughters to study in co-educational schools. Some girls who were good in studies were allowed to study upto class VIII by their families.

Suggested Interventions

- * A separate school for girls after the primary stage is a must.
- * Effective implementation of the dowry legislation must be done, as it is causing a lot of problem for not so well off sections.
- * The women's group said that "More women like you should come to the villages so that we become aware and these men become reasonable"
- * Spread the message that killing girls in the womb is murder and will be punished.
- * Give more jobs to women, then their value will go up.
- * The government should give a lot of schemes for improvement of the lot of girls and women.

Village : Shaikhpura, Block : Hansi I, District : Hissar

Distance from the Block Head Quarter. 3 kms., Main Communities. SC, Gujjar, Jats also backward classes, such as Kumhar, Lohar etc., Main Occupations: Agriculture, Wage labour and Service, Educational Facilities One Primary School and One Middle School, Health Facilities: PHC (without Doctor and Nurse), Women and Child Development: One Mahila Mandal, Three Anganwadis

Population in 1991	Male	Female	Sex Ratio
(i) All Age Groups	2530	2056	811
(ii) 0-6 years	518	398	768

Focussed Group Discussion: Two: One with 15 members including the Village Pradhan, Panches, Chowkidar and some men from the village. Second with group of 25 women of the village and 3 Anganwadi workers and 2 Dais

Major Findings

- (i) Both groups had no awareness about the falling sex ratio and its inherent dangers
- (ii) Strong son preference existed in the village. Men said that atleast one boy is essential to carry on the family name and to inherit the property. The women too thought on these lines but for certain reasons had a 'soft corner' for girls. This was mainly because, according to them, girls have more affection and take care of the family. As one middle aged lady, said that even when girls get married and go away, their parents always come first for them. (*Dusre ke ghar jakar bhi apne mata pita ko nahin bhultii*). However, they considered a son essential. A statement of the Sarpanch explains the attitude clearly, "Chahe jaisa bhi ho ek ladka to jaruri hai" (A son is essential whatever he is). When asked by the team members as to what would happen if boys outnumbered girls vastly, one man replied, "it will be good as the value of girls will increase and phenomena of bride price will start".
- (iii) Awareness about ultrasound tests and female foeticide ranged from moderate to low. The village was dominated by poverty stricken Scheduled Caste landless labourers having some idea about ultrasound. Jat and Gujjar women and Anganwadi workers were familiar with this phenomenon. But nobody wanted to mention the names of any women in the village having availed of this facility.
- (iv) Dowry as a malpractice was very much prevalent in the village amongst all the classes. While the upper classes go overboard in giving and taking dowry, the Scheduled Caste emulating the former are not left behind.
- (v) The villagers were of the opinion that the Government has given the ultrasound machines to the doctors and the hospitals as a device for family planning and reducing the number of child births

(vi) Early marriage was evident. In the group discussion with women, it surfaced that there were a number of young girls who had got married much before the age of eighteen. The women justified it by saying that due to lack of law and order, it was better to marry them early. They also said "*Aj ke halat main shadi pahle hi achhi hai. Ladkian badhti jaldi hain aur jaldi badi dikhne lagti hain*" (Girls grow up fast). A number of 18 year old girls had one or two issues.

(vii) The P.H.C. has no doctor or nurse and the villagers have to go to the urban centres for treatment, minor or major.

(viii) Generally girls are withdrawn from school after primary education, as the middle school is co-educational and is not considered suitable for adolescent girls by the parents. The high school is at Hansi, about 4 kms away, where usually the girls are not sent.

Suggested Interventions

- * Ultrasound machine must be withdrawn from the private practitioners. Only government hospital should have these machines.
- * A separate school for girls is needed and the middle school should be upgraded.
- * Non formal education should be provided for out of school girls.
- * Give skill training to women.
- * Vocational courses should be introduced at the middle stage.
- * Reserve jobs for women.
- * Send a doctor and a nurse.
- * Give punishment to the doctors who use these machines and carry out abortions.

Village : Sisai-Bola, Block : Hansi I, District: Hissar

Distance from the Block Head Quarter: 12 kms., Main Communities: Jats, predominantly; Brahmins, SC (mainly Balmiki) and Baniyas, Main Occupations: Cultivation, Agricultural Labour and Service, Educational Facilities: One Primary School for girls; One Primary School for Boys; One Higher Secondary School (Co-ed.), Health Facilities: P.H.C., Women and Child Development: One Mahila Mandal, Seven Anganwadis and Two Balwadis.

Population in 1991		Male	Female	Sex Ratio
(i)	All Age Groups	3287	2655	808
(ii)	0-6 years	643	536	834

Focussed Group Discussion: Two group discussions were held, one with male group consisting of ten persons including the sarpanch and two members of the panchayat. In the women's group there were 20 women from all age groups and all castes.

Major Findings

- (i) Women in this village were very vocal and showed awareness on issues concerning them.
- (ii) Everyone was aware of sex detection tests being conducted in the city nearby. The younger women were going and getting it done without even informing the elders in the family. One older woman said "Ye hamain konsa bata kar jati hai. Apani manmani jo karti hai" (They don't tell us when and where they are going. They do whatever pleases them). The older women were totally against this. They called it a heinous crime and blamed the younger generation and the doctors.
- (iii) Girls education, inspite of being free in the state, continues to be a low priority for the villagers. Girls drop out, right after primary school and many a time on account of co-education in the secondary school.
- (iv) The logic which the women put forth was that there is no use for education as the girl will have to make cowdung cakes even after studying till Class V and also after Class X. "*Ghar ka kam kaj to lakdi ke liye gahna hai. Agar yahan par kaam seekh legi to aage sukhi rahegi*". (Household work is an asset for girls. If they learn it well here, they would be happier in their husband's house).
- (v) Early marriages and young motherhood is prevalent. Their knowledge about the legal age at marriage has not affected their thinking.
- (vi) Most villagers were not aware that the female count had indeed fallen. On being sensitized on this issue, they began thinking of the problems it would create. On being prodded to think on the issue of declining sex ratio, the women said that polyandry would come in and crimes against women would increase. "As it is we are brutally handled by drunken husband and their mothers. Cannot go back to parents, our fathers and brothers are the same. Streets and fields are unsafe because of other men. It is a curse to be born a woman".

Suggested Interventions

- * Villagers said unanimously that if the issue of declining sex ratio is publicised heavily by media campaigns there would be some positive results. Though they were aware of sex determination tests, they were not aware of the ban on this practice. "Government needs to give top priority to this issue by making this law strict and by removing any loopholes".
- * The villages are not safe for girls and women to move about. Law and order situation needs to be improved.
- * A separate girls school is needed in the village.

* The doctors and health workers who carry out this heinous crime should be punished heavily and put to shame publicly by the Panchayats and women's groups.

* Women wanted more funds and decision making for the functioning of the Mahila Mandal which exists only on paper. As the Mahila Mandal was dominated by wife of the sarpanch, women wanted that a separate women's group should be organised, so that action could be taken against family where the practice of female foeticide is found (Unka Hukka Pani Band Kar Dena Chahiye). Such people should be boycotted by the village.

* Only the government (Sarkar) can put a stop to this by educating girls and women and preparing them for earning.

* Women wanted liquor shops to be closed because men became unruly and violent in drunken state.

* Special schemes should be formulated by the government for raising the status of girls and women.

Village : Ashrafgarh, Block : Jind, District : Jind

Distance from the Block Head Quarter: 6 kms., Main Communities: Jats, Sikh and Saini, OBC and SC, Main Occupations: Agriculture and Wage Labour, Educational Facilities: One Primary School, Health Facilities. No P.H.C, Women and Child Development: One Mahila Mandal, One Anganwadi

Population in 1991		Male	Female	Sex Ratio
(i)	All Age Groups	1092	915	838
(ii)	0-6 years	244	156	639

Focussed Group Discussion: Two group discussions were held one with the male group of ten person (all were men of Sikh community) The women group consisted of Jat Sikh women's in age group 18-35 and all are from affluent land owning families. The woman panch was a member of this group

Major Findings

(i) Strong son preference was prevalent in the village All the women believed that "Ek ladka to bahut jaruri hai, chahe jaisa bhi ho" (One boy is essential no matter what he is). They believed that though daughters are more capable of taking care of the household and its members, still the importance of son could not be overlooked. One participant in the women's group said, "When a boy is born there are many ceremonies and gaiety, but this is missing when a girl is born The girl's mother is ill considered by everybody. A 40 years old lady, had 6 daughters and had got her seventh pregnancy terminated when ultrasound tests showed that the foetus was female".

(ii) None of the FGD participants considered it necessary for daughters to get a share in parental property. With some sence of pride, one young woman stated that she herself would not ask for a share in parental property as she did not want to harm her brother financially This view was echoed by all women in this group

(iii) The perception of gender equality of most of the women participants was very cautious. They did not believe in giving any freedom to their daughters due to lack of security. They also added "*Gundagardi itni badh gai hai ki aap apni ladki to bahar nahin bhej sakte*". Girls are kept indoors, tending to household chores. This encourages dropout and early marriage.

(iv) A strong feeling of communalism existed in the village. The village was divided into two parts, Jat Sikhs inhabiting one part and the other part occupied by non-sikhs (mainly Jats, Gujjars, Balmukis, Ahirs, Dhanaks and Chamars). The panchayat represented mainly the scheduled caste population. The Sarpanch and the woman Panch were both Sikhs.

(v) Ashrafgarh had one primary school. After Class V, the people, especially in the higher economic strata were sending their children to Jind for further schooling. They had hired a matador for this purpose. But amongst S.C. and O.B.C. population and the less well off sections, there was dropout amongst girls after Class V due to lack of middle school facility.

Suggested Interventions

* To deal with the misuse of the ultrasound tests, the groups suggested that these machines should be withdrawn completely. Another suggestion was that a village committee for generating awareness amongst villagers on issues concerning women and girls be formed.

* The groups expressed the need for separate middle, high school for girls as only a few families were sending their daughters to a high school in hired vehicle. It was expressed that the law and order situation is very poor, it needs to be set right.

* There was demand for vocational training for girls.

* After the discussion the groups proposed that large scale media campaign should be organised by the government to create strong opposition to ultrasound tests or sex detection and abortion of female foetus.

Village : Bahbalpur, Block : Jind, District : Jind

Distance from the Block Head Quarter: 8 kms. Literacy Rate: Male: 61% Female: 35%, Main Communities: Jats, Saini, Brahmin, Main Occupations: Agriculture and Wage Labour, Educational Facilities: One Primary School, Women and Child Development: No Mahila Mandal, Two Anganwadis and One Balwadi, Health Facilities: None, nearest is Jind.

Population in 1991		Male	Female	Sex Ratio
(i)	All Age Groups	896	741	827
(ii)	0-6 years	162	114	704

Focussed Group Discussion: Two FGDs were held; one with a group of fifteen men including the Sarpanch and the Panches. The woman Panch was not present. The second group consisted of 32 women in the age group 20-50 years. There was one Dai, two Anganwadi workers and one Balwadi worker in the group as well.

Major Findings

- (i) High awareness of villagers, both men and women towards sex determination tests (ultrasound) was noticed
- (ii) The villagers had a clear-cut preference for sons. This son preference syndrome was based on social, economic and religious reasons, the most important reason being dependence on sons in old age.
- (iii) FGDs revealed that the participants, especially the elderly people wanted their daughters to have a share in property either in parental home or in the marital home. But they were not really keen on giving them a share in parental property as their sons would suffer financially. "Chhori thukrai-thukrai phurti hai, bus ashirwad par chala diya jata hai. Agar chhori ko jamin de denge to chhora kya karega". (Girls do not get anything except blessings. If the land is given to daughters, what will the sons do)
- (iv) The problem of dowry in the village was admitted by everyone with total nonchalance, as something which had always existed and will always be there.
- (v) Daughters were not preferred at all due to (a) lack of law and order (b) dowry (c) wedding expenses and later expenses. "It is a life long drain, giving never ends, it is like a bottomless pit". "*Ladki ho to dendar ho gaya sada ke liye, diye jao - aisa khadda jo pata na jaye*".
- (vi) Early marriage was clearly evident. The social environment is bad, (*Jamana Kharab Hai*) was the common reason heard from the participants
- (vii) Women complained of low status, obscene language and abuses and beating by their husbands.
- (viii) It was also observed that most of the girls were withdrawn from schools after the primary stage. After this, their chores consisted of household work and care of siblings. The main reason for dropout of girls was that there was no separate school for girls after primary stage. The villagers had objections to letting growing girls study with boys and male teachers.
- (ix) The village women were also very keen on vocational training for girls of the village
- (x) The Anganwadi workers were a dissatisfied lot and complained about low salaries and inadequate quantity of cereals for children.
- (xi) The Dai, had received training but had the same problem. She also complained of very low salary which was also irregular.

Suggested Interventions

- * To deal with the menace of ultrasound tests for sex determination, the villagers suggested that this facility should be withdrawn from doctors. It was observed that the participants had no awareness about the actual purpose of ultrasound tests (i.e. detecting any abnormality in the foetus). They also suggested that awareness should be generated amongst people on this issue
- * Need for setting up a Mahila Mandal was stressed upon by the group which would make women aware and active

- * Group demanded health facilities in the village as these did not exist
- * Women wanted some assistance as they were constantly the targets of obscene abuses and beating by their husbands
- * The group stressed the need for separate middle and high school for girls and setting up of vocational training centres for girls and women
- * Awareness about laws and development schemes was low.

Village : Govind Pura, Block : Jind, District : Jind

Distance from the Block Head Quarter 5 kms, Main Communities SC, OBC, Jats and Sains predominantly, Main Occupations Daily Wage Labour and Cultivation, Educational Facilities One Primary School, Health Facilities None; nearest is Jind, Women and Child Development One Mahila Mandal, One Anganwadi

Population in 1991		Male	Female	Sex Ratio
(i)	All Age Groups	678	534	788
(ii)	0-6 years	147	97	660

Focussed Group Discussion. Two group discussions were held The male group included Sarpanch, members of the Panchayat consisting of 27 persons. In the women group there were 15 members including Mahila Mandal Pradhan. Women ranged from 18 to 55 years age group and were drawn from all castes

Major Findings

- (i) Staunch son preference was evident both amongst men and women. The dai also commented that when she delivers a boy she is given around Rs.50/- or 100/-, but when a girl is born she does not accept or expect anything, "It is also a fact that nothing is offered".
- (ii) Awareness of ultrasound ran high in the village, from an old woman to a young girl acknowledging it The villagers go to Jind for this purpose, which is 5 kms. away and is well connected by a regular bus service. A respondent had got an ultrasound test done and on being told that the foetus was female, she went in for an abortion. It was discovered later that the foetus was male which led to a lot of hue and cry
- (iii) The villagers wanted some vocational courses to be run for girls and women of the village to make them economically self reliant. The women in the group were aware of developmental and welfare schemes such as loans for small scale industry. A widow with no means of livelihood said that she had often asked the sarpanch for details on getting a loan from the bank for some cottage industry but he had not been helpful
- (iv) The old people were not getting any pension. It could be observed that in most cases dependence on sons in old age was real although merely for monetary needs. "The daughters go away to another household even though they are more affectionate The sons don't care and the daughter in law is rude for we have no money Yet we have to depend on sons We cannot go and live with our, daughters"

(v) Mahila Mandal Pradhan showed no awareness about women's development schemes. She was not conscious of the adverse sex ratio in the village and the elimination of girls at the foetal stage. She merely shrugged her shoulders and said that this keeps on happening

(vi) The Sarpanch was not aware of any scheme for women's development and had taken no initiative to gather any information either

(vii) There was just one primary school in the village. Dropout amongst girls after primary schooling was quite common. Boys were generally sent for further schooling to Jind, but not girls.

Suggested Interventions

- * The group suggested that ultrasound machines should be withdrawn, completely
- * They also suggested incentives for parents of girls so that bringing up a girl is not considered a burden
- * The group stressed the need for awareness and information on various aspects such as nutrition, education, laws.
- * They suggested that girls high school should be opened in the village.
- * The group expressed the need for training of Mahila Mandal members.
- * They felt there was a need to organise systematic programmes to educate the public on dangers of ultrasound and late abortion.
- * They stressed upon the need for special schemes for girls and women by the government so that girls are valued and not destroyed before or after birth.

Village : Jhanj Khurd, Block : Jind, District : Jind,

Distance from the Block Head Quarter: 6 kms., Main Communities: Jats, OBC and SC, Main Occupations: Agriculture, Educational Facilities: One Primary School and One Middle School, Health Facilities: No PHC, Women and Child Development: No Mahila Mandal.

Population in 1991	Male	Female	Sex Ratio
(i) All Age Groups	1017	782	782
(ii) 0-6 years	174	157	४०२

Focussed Group Discussion. In village Jhanj Khurd, a focussed group discussion was held with a group of 25 villagers. Out of these 7 were community leaders such as sarpanch and panchayat members. The rest were a mix of men and women from the age group 25 to 50.

Major Findings

- (i) Purdah was observed. In the group discussion also women were segregated from men and were in Ghunghat. They could not speak openly. Most of them were just mute observers and had to be coaxed into talking. In this village, men did the talking.
- (ii) Women themselves were against the birth of daughters. One elderly lady said that the birth of a daughter is a source of tension for the whole family and is not celebrated at all. (*Ladki ke paida hone par koi khas khushi nahin hoti, par sare parivar ke liye chintaen badh jati hain*). "No one feels happy at the birth of a daughter and if she is born, it becomes a source of worry for the whole family".
- (iii) A dai said that when a girl is born she is not given even a meagre Rs.1.25. (Sawa Rupaiya) as Badhai.
- (iv) Dowry was widely prevalent, with everybody being a prey to this evil according to their own financial status. "*Achhe ladke ke liye byah mein achhe paisa to lagana padega*. (You have to spend a lot to get a good boy). Other related reasons such as post marriage expenses, a probability of lack of adjustment of the girl with in-laws were sources of tension to the parents. "*Aaj kal to ladki ko jo dal dete hain, itna kahan se layen ki un ka ghar bharte rahen*". (These days girls burnt alive for dowry. Where do we get endless finances to keep. Stowing away wealth to her in laws).
- (v) With the village situated almost on the periphery of urban Jind (6 kms), awareness of ultrasound and sex determination tests ran high. Most of the women, nodded their heads in assent, when asked whether they knew about these tests.
- (vi) Total male domination was observed. In the group discussion itself, males were more vocal, almost aggressive. The discussion was held outside the Sarpanch's house, in the evening. Women carrying bales of cotton or clay pots of water on their heads or herding cattle with full ghunghat were a common sight. The women also said that it is not safe for them to roam around freely because of the misbehaviour of men folk.
- (vii) So far as daughters' share in parental property was concerned, all of them believed unanimously that dowry given to the girl is her share in property. They were totally against the idea of giving girls a share of the immovable property such as land, house etc.
- (viii) Though there was one high school in the village, girls enrolment was low as girls were withdrawn after primary stage. In the middle school, there were more male teachers - another sore point with the villagers. The economically backward keep their daughters at home for domestic work and care of siblings and have a logic. "*Aaj kal mehngai itni hai ke jab tak dono na kamain, ghar ka gujara nahin hota. Bachchon ko khilayenge kahan se, phir chhote-chhote bachchon ko roti-pani dene ke liye ghar par koi to chahiye*. (The prices are sky rocketing. Both parents have to work to make both ends meet. And, you need some one to feed and look after the younger children at home in our absence).

Suggested Interventions

- * Villagers suggested that there should be large scale confiscation of ultrasound machines. The doctors using these machines should be given stringent punishment.
- * Separate middle/high school for girls is essential, NFE centres should cater to out of school girls. Importance of women teachers in such an environment was stressed.

* Vocational education at middle and high school level pertinent to needs of village girls/women can go a long way in improving their economic situation.

* The government should do something about dowry seekers.

* The personal safety of women on roads and parks should be collective responsibilities of the panchayat and the Mahila Mandal

Village : Badnara, Block : Pundri, District : Kaithal

Distance from the Block Head Quarter 10 kms., Main Communities: Brahmin, Jat, Sikh, SC and OBC, Main Occupations: Agriculture, Wage Labour, Educational Facilities: One Primary School, Health Facilities: One PHC, Women and Child Development: One Mahila Mandal and One Anganwadi

Population in 1991

	Male	Female	Sex Ratio
(i) All Age Groups	1052	863	820
(ii) 0-6 years	200	146	730

Focussed Group Discussion There were 11 men in the first group including the Sarpanch. There were 19 women in the other group. It is a brahmin dominated village and the Sarpanch as well as the head of the Mahila Mandal are Brahmins

Major Findings

(i) Almost all women are illiterate *"Padh likh ke kya karna hai kaunsi noukriyan dhari padi hain"* (Education gives no jobs. They why should we waste our time on education).

(ii) Older women were very much against female foeticide. The mother of the Sarpanch did express acute anger on the new practise of female foeticide which they find as unbearable *"Hamare samay main bhi ladkian hoti thi, par hamne kabhi aisi gandi harkatan nahin ki"*. (In our times, there were girls born but we never did anything of this sort)

(iii) Female foeticide is widely practised and there have been cases of 6-7 months pregnancies being terminated.

(iv) Dais and other PHC workers are the informers and act as go between the doctors and the expectant mothers and their spouses.

(v) The Sarpanch pleaded ignorance of the rampant crime but women emphatically brought out the facts

(vi) 'Purdah' was observed to an extreme extent even amongst women themselves.

(vii) Domestic violence was reported by women to include wife beating and use of abusive language. *"Bat-Bat main patak deve, hath aur juban dono chale"* (At the slightest excuse, they start bashing us up. They hit us and abuse us, both)

(viii) The villagers complained that the health centre was not functioning properly.

(ix) Medicines for abortion were being bought from urban location. One woman reported that she was given an injection for terminating her pregnancy.

(x) The village is poor because of very small land-holdings

Suggested Interventions

* Literacy, awareness including health component to be imparted forthwith at all. Education of girls must be encouraged.

* Health workers to be provided for the village as there were no dais. Functioning of P.H.C. to be supervised regularly.

* Senior women were anxious that brides and newly-weds should be discouraged against sex tests and female foeticide.

* More anganwadis are needed for 0-6 age group population of 346 children.

* The primary school to be upgraded with separate school/section for girls at middle/high school level. Female teachers must be placed in all schools.

* The government should ban this test and punish those who make illegal use of ultrasound test.

Village : Fatehpur, Block : Pundri, District : Kaithal

Distance from the Block Head Quarter: 15ms. Main Communities: Brahmin, SC and OBC, Main Occupations: Agriculture, Wage Labour, Educational Facilities: One Primary School, Health Facilities: One PHC, Women and Child Development: One Mahila Mandal, one Anganwadi

Population in 1991	Male	Female	Sex Ratio
All Age Groups	4765	4260	894
0-6 years	912	868	952

Focussed Group Discussion: An OBC family had provided space for the Anganwadi. Mahila Mandal was an all caste group. Discussions were held with men in the Panchayat Ghar and with the women at the Anganwadi Centre. In the Panchayat Ghar, the Sarpanch was not available but 3 members of Panchayat (all men) brought out some problems of the village. In all there were 17 members of Mahila Mandal who participated in the group discussion at the Anganwadi Centre.

Major Findings

(i) These men were not sensitive to the women's question. Discussions made them somewhat conscious of the difficulties of women and girls. They had never been conscious of lesser number of females in the village and were almost pleading ignorance about the decimation of girls at the foetal stage or later. In a very well-erected Panchayat Ghar they were considering development of the village without involving women at all

(ii) The women's group was very vocal and complained of the oppression by men and consequent segregation of women's group from the Panchayat activities.

(iii) Women were conscious of the declining number of little girls and knew that female foeticide was taking place in the village. They put it as "Sarkar ko is hatya ko jaldi se jaldi rok dena chahiye, nahin to ladkian khatm ho jayengi". (Government should stop this killing as soon as possible, otherwise there will be continued decimation of girls)

(iv) "Due to interaction with urban populations especially with the health workers, the rural population is encouraged into the evil of female foeticide".

(v) Domestic violence is reported. Drunken men beat up their wives and abuse them left and right. All invectives are hurled around women even when men fight amongst themselves

(vi) The basic reason for preferring sons is because of their potential economic support to the family. Girls are considered to be a burden and a drain on the family resources. The economics of son preference was brought home by the simple village women. "*Ladka khud kamave, aur bahu lave jo gharon main aur kheton main kam kare. Ladki to samjho, dena hi dena. Shadi ke bad se kafan tak maa-baap hi dehen. To batao ladki kaun chahwe*". (The son earns himself and brings a wife to work in the hearth and in the fields. As far as girls are concerned, we have always to give. From marriage to her last rites, the responsibility is that of the parents).

Suggested Interventions

* Awareness of women should be enhanced on various issues like education, family planning etc. Through a series of orientation programmes, the N.G.O's can help us in this area. Still more important is to beam these programmes on men, felt the women's group.

* Income generating activities should be launched in the village as also self employment schemes so that women become self sufficient.

* Strict implementation of laws such as Dowry Prohibition Act, Hindu Code Bill should be done by the Government. Ultrasound tests for sex detection must be banned.

* Educated women should come forward and help us form a body and to raise a united voice against social malpractices such as dowry, polygamy, early marriage, bride burning etc. "Aap aao aur ham ko sab zyadatiyon se ladna sikhayo".

* Mahila Mandals are powerless because we have no funds nor any guidance. "Programme karoge hamare liye, to ham seekhenge". (If you organise a programme for us, we will learn).

Village : Habri, Block : Pundri, District : Kaithal

Distance from the Block Head Quarter: 25 kms., Main Communities: Jats, Sikh, SC and OBC, Main Occupations Agriculture and Wage Labour, Educational Facilities: One Government High School, Two Private School, Health Facilities: One PHC, Women and Child Development: One Mahila Mandal, One Anganwadi

Population in 1991	Male	Female	Sex Ratio
(i) All Age Groups	4734	4086	863
(ii) 0-6 years	920	736	800

Focussed Group Discussion: Two group discussions were held, one with the Sarpanch and his son who was a Panch; one with a women's group at the Anganwadi Centre comprising 22 women, majority were Jat Sikhs

Major Findings

- (i) It was a Jat Sikh dominated village in which the Panchayat was not at all worried about the low status of women. The Sarpanch was of the opinion that girls and women should not get equal rights.
- (ii) Ultrasound according to him was meant to control the population. Ultrasound should not be banned, as then it would carry on illegally and hence would become more expensive. Then the poor people would not be able to make use of this machine and there will be no check on population.
- (iii) The Sarpanch was not for sharing property with daughters because all quarrels are associated with "Aurat, Jamin, Paisa" (women, land and money)
- (iv) The Panchayat had a woman member but she was not participating, instead her husband participated. Added one of the men's group, "what will a woman do in panchayat meetings, she must remain in the four walls of the house".
- (v) Dowry is the outcome of hypergamy in this village and exists among all groups. Every one wants to marry their daughters to the more well off. Wedding expenses are forbidding.
- (vi) Liquor consumption is very high especially among the well off and domestic violence is wide spread.
- (vii) Amongst the women's group, illiteracy and lack of awareness about themselves and their rights was evident.
- (viii) The position of widows was pitiable. They had no source of personal income.
- (ix) Anganwadi workers were not getting their wages. Also, the wages were very meager.
- (x) The leadership among women was in a strong hand, a woman who had organised a successful demonstration against establishing a liquor shop.
- (xi) Women were aware of ultrasound facilities. They referred to these as 'Durbeen' or telescope and the practice 'Hatya' or murder

Suggested Interventions

- * Whosoever goes for the ultrasound should be publically shamed by announcing over the loudspeaker and the person who conducts it should also be given the same treatment through "Munadi" (or public declaration)
- * Law and order should be improved. The Sarpanch was of the opinion that as politics nowadays is criminalised, panchayat and its functioning should be apolitical.
- * Training and skill development of women for self employment schemes must be started, expressed women
- * Women panches should be given proper orientation and training to Panchayat Raj effective.
- * Education is the main remedy, observed both men's and women's groups unanimously. Hence formal and non-formal education should be organized on a large scale.
- * Vocational education pertinent to the needs of people and the area is needed.
- * Mahila Mandal needs to be activated. The women of the village were an active lot and had done away with the liquor menace and could be encouraged for further action.
- * The single primary school in the village needs to be upgraded.
- * One Anganwadi for the village is insufficient. One more needs to be provided

Village : Koul, Block : Pundri, District : Kaithal

Distance from the Block Head Quarter 10 Kms., Main Communities. Brahmin, OBC and SC, Main Occupations Agriculture and Wage Labour, Educational Facilities: One Primary School, Health Facilities: One PHC, Women and Child Development: One Mahila Mandal, One Anganwadi

Population in 1991	Male	Female	Sex Ratio
(i) All Age Groups	5046	4496	891
(ii) 0-6 years	904	809	895

Focussed Group Discussion: One Focussed Group discussion was held with 35 women in the Panchayat Ghar under the leadership of the Anganwadi worker. Several women were literate and three of them were matriculates. The participants came from all the communities and from reasonably well-off families also. All stated that foeticide was being widely practised

Major Findings

- (i) Prevalence of liquor shops everywhere makes women's life miserable. Even the Panchayat Ghar is used for liquor and gambling
- (ii) Ineffective policing and lack of community control makes law and order situation so poor that we women have to keep indoors mostly "We can move only with a chaperon".

- (iii) Girls are mostly withdrawn from school after Class V as there is no middle or high school
- (iv) As the village has a preponderance of 'well to do' businessmen and landowners, dowry is very rampant and high
- (v) Early marriage prevails especially amongst the Brahmins
- (vi) Wife beating is very common.
- (vii) The scheduled caste population also try to emulate the life styles and customs of the well off upper castes, now. "They even borrow money to get the x-ray (ultrasound) done and get rid of girls".
- (viii) A large number of women in the discussion were aware of the ultrasound tests. Though they were not aware of the law banning use of medical tests for the purpose of sex detection.
- (ix) Primary health centre is not equipped with even the basic medical equipment. The rich people can afford to go to either Kaithal or Karnal but the plight of the poorer sections is miserable.
- (x) Mahila Mandal exists on paper only. It has no members or a pardhan.
- (xi) Even the panchayat was very dormant in its functioning as was evident from the rarely used Panchayat Ghar
- (xii) With 1713 children in age group 0-6 years, one anganwadi is totally inadequate

Suggested Interventions

- * Security in the village needs to be tightened up by a group of vigilant people. Panchayat should take initiative in making the village safe for girls and women.
- * Mahila Mandal to be made functional. "We need training and funds".
- * Village be provided with a middle/high school. Separate school for girls and female teachers are a must.
- * Reservation of jobs for women so that families value girls.
- * Self employment schemes should be launched in village, with focus on girls and women. Vocational skills should be given for this.
- * "Educated women amongst us should form an awareness generation group and lead the process of change. We can face the problems collectively, not singly".

Village : Ishaq Pur, Block : Thanesar, District : Kurukshetra

Distance from the Block Head Quarter: 7 kms Main Communities: Jats, OBC, SC and Muslims, Main Occupations: Agriculture and Wage Labour, Educational Facilities: One Primary School, Health Facilities: No PHC (available at Thanesar 7 kms. From the village, Women and Child Development: One Mahila Mandal and One Anganwadi.

Population in 1991		Male	Female	Sex Ratio
(i)	All Age Groups	307	250	814
(ii)	0-6 years	54	32	593

Focussed Group Discussion: The group of men led by the Sarpanch was an alert group with sufficient information about the life and the condition of people in the village. He knew that the Muslim population of the village lived in poverty and with no means of work and sustenance. The female group which was convened in the village school, however, was neither alert nor motivated. There were some muslim women in the group. Their passivity was a reflection of the terrible domination that they were subjected to. Education and literacy for them was a distant cry.

Major Findings

- (i) Female literacy was very low and almost absent among muslims. Purdah is universally observed and muslims are poor.
- (ii) SC women were more alert than the Jat and Muslim women.
- (iii) The village presented series of stories regarding multiple daughter births in order to get a son. Wives were even thrown out for not getting be a son. Domestic violence takes form of physical beating and filthy abusive language.
- (iv) It was a new information for the village women, when they were told that the father is responsible for the sex of the child and not the mother.
- (v) Everybody knew about ultrasound and female foeticide, however, they called it 'Durbeen' method. There is no Dai in the village. Women go to urban areas for sex determination test.
- (vi) The overall environment of the village was found to be below average in comparison to other villages including general unkeep, maintenance and care of the children.
- (vii) Women had nothing to do except cattle rearing. Those women who had no animals in the family (muslims) were complaining of idleness and consequently lack of resources.
- (viii) They wanted to have lesser number of children preferably more sons and less number of daughters. They expressed, "*Beta Kama Ke Khilawega*". (A boy is a source of income).
- (ix) Amongst the Muslim community the practise of family planning methods was absent by and large and the incidence of ultra sound foetus verification was not noticed. Female foeticide was not practised but neglect of the female children and women was as bad as that for other groups in matters of health and medical care.

Suggested Interventions

- * Education, training, vocational educational and general awareness to be given to all women, so that they start earning. This will change their situation, felt the male group.
- * One middle school for girls should be provided and a PHC also. Mahila Mandal must be strengthened with training and adequate funds.
- * Income generation programmes must be started for out of school girls and women.
- * Special effort should be made by the Government and the voluntary organisations to change the attitudes of muslim women in particular. Their education should receive prime attention.

Village : Khanpur Kolian, Block : Thanesar, District: Kurukshetra

Distance from the Block Head Quarter: 11 kms., Main Communities: Jats, Muslim and SC, Main Occupations: Agriculture and Wage Labour, Educational Facilities: Two Primary Schools, One for boys and One for girls, Health Facilities: One PHC, Women and Child Development: One Anganwadi

Population in 1991		Male	Female	Sex Ratio
(i)	All Age Groups	863	711	824
(ii)	0-6 years	174	120	690

Focussed Group Discussion: Two group discussions were held with men and women at the Panchayat Ghar. The first group of men led by Sarpanch was aware of ultrasound tests having full information about the condition of the village. The other group of women (including the women of Purbiya Community and very few of Jat Community) led by 'Panchi' - a woman Panch was an alert group. A lot of information on different issues was provided by this group. One of the Mahila Mandal workers told us that there was no mutual understanding between the landed class and the weaker sections in the village. The women of Purbiya Community are much more aware of laws and other benefits for the welfare of women compared to the women of Jat Community. Women generally think that the Dai of the village was very competent and could tell the sex of the foetus by observation. "She detects the sex of the foetus by looking at the abdominal line. If the line is vertical and straight then the foetus is male otherwise female. If the expectant woman lifts her right leg first then a boy will be born". This shows that these women are gullible and can be taken for a ride.

Major Findings

- (i) Female literacy was very low and almost absent in the Purbiya community who state that "*Padhi Likhni Ladka Kaun Ko Byahein Ladka Kahan Se Dhoondein*" (Educated girls faced problems in getting married).
- (ii) Purbiya community was very poor but Purbiya women were more alert than Jat women.
- (iii) Everyone knew about ultrasound and female foeticide but it is not found among Purbiya Community. However, a number of girls die before they are even seven days old on account of mother's negligence.

(iv) Strong male domination was there and even senior age group women complained of their voice not being heard. They stated "hum to khoonte ki gaiyan hain". (A woman is like a pegged cow. Women are expected to stay inside the house).

(v) Women feel insecure on account of growing lawlessness.

(vi) Women were against the birth of daughters because they were themselves victims of suppression and did not want the same fate for their daughters. Purdah is commonly observed. "We are treated badly, beaten up very often and discarded at will".

(vii) The team was also informed by the older women of the village that the ANMs motivate the pregnant women to go for the tests.

(viii) No active participation of Mahila Mandal was observed or reported.

Suggested Interventions

- * Women need education and training and a share in employment.
- * "Awareness is not enough among women only, somebody should tell the men to change their behaviour and attitudes. So address them, stated a woman boldly.
- * The girls need a middle school in the village as it is not safe to send them to another village.
- * The group felt that communities should organise vigilance group to fight lawlessness and the voluntary agencies should come and support the community efforts.
- * The government should ban not only ultrasound but also the liquor shops and excess expenses on marriage and dowry. "Only some can afford to give dowry, the rest can not afford but have to follow".

Village : Kheri Markanda, Block : Thanesar, District : Kurukshetra

Distance from the Block Head Quarter: 8 kms., Main Communities: Jats, OBC and SC Main Occupations: Agriculture and Wage Labour, Educational Facilities: One Primary School, Health Facilities: One PHC, Women and Child Development. One Mahila Mandal and One Anganwadi

Population in 1991		Male	Female	Sex Ratio
(i)	All Age Groups	391	343	877
(ii)	0-6 years	97	66	680

Focussed Group Discussion: Two group discussions were held in the village. One with men and the other with women. In the male group, there were three retired teachers, the Pradhan, the Sarpanch and one lawyer who was the Chief of the Bar Association, a retired Constable also the Patwari besides others. The women's group included some school teachers and one woman - who was working with the department of Defence Accounts and also the wife of the Village Pradhan SC women were also present. Both groups

were worried about the declining numbers of females in age group 0-6 and were also aware of the sex-determination tests. During the discussions, wide gap between well off class and weaker sections was observed. SC women were not very knowledgeable on this topic

Major Findings

- (i) Strong son preference was there because son is considered as "Varis, Ghar Ka Chirag, Mukti Ka Sadhan" etc
- (ii) The well-off people do not believe in marrying off their daughters to anyone outside their caste. Most of the people give rich dowry to their daughters on their marriage within their caste. Wedding expenses are very high and girls have to be given gifts all through their lives on every occasion.
- (iii) Most of the people were not in favour of giving share in property to their daughters. The girls were not allowed to go to school located in urban areas for further studies, after primary schooling.
- (iv) Female foeticide was not found among weaker sections of the society. Most of the women revealed that there are agents who motivate the couples to undergo the tests and they earn commission from the doctors.
- (v) Low level of literacy among women. Literacy was almost absent among SC women. SC women were not aware of any issue regarding women's development.
- (vi) The Mahila Mandal was not functioning and the medical facilities were poor.

Suggested Interventions

- * Tightening of law and order
- * Encouragement to small scale-industries (unit) for women and making credit facility available to the women.
- * Restructuring of Mahila Mandal's working to make them active Women's group for fighting injustice and social evils
- * Reward prizes for the encouragement of the parents with daughters.
- * Campaigning against this evil and other similar crimes. Doctors should be punished for such heinous acts, "apradh".

Village :Munda Khera, Block : Thanesar, District : Kurukshetra

Distance from the Block Head Quarter: 8 kms., Main Communities: Rajput, Jat, SC and OBC, Main Occupations Agriculture, Educational Facilities: One Primary School, Health Facilities: No PHC (Available at Thanesar 8 kms. From the village). Women and Child Development: One Mahila Mandal, One Anganwadi. No family culture

Population in 1991	Male	Female	Sex Ratio
(i) All Age Groups	469	435	937
(ii) 0-6 years	86	76	884

Focussed Group Discussion Discussion with men was led by Pradhan, one with women was led by a woman panch accompanied by the Anganwadi Worker and the ANM.

Major Findings

- (i) Both the groups did not have any idea about the imbalance among the sexes in the total population or for that matter in the age group 0-6 years. Even the women of the village hardly knew about the laws and programmes regarding women's development. Most of the women thought that the daughter is "an object of mercy".
- (ii) There is a decided son preference. Parents felt, they need a son to carry on their family name, among other things, and for performing their last rites and supporting them during old age.
- (iii) Female infanticide was prevalent in pre-independence period. Now it is foeticide. Awareness of ultrasound facility for finding the sex of unborn child exists.
- (iv) Awareness about education among villagers was quite low. Most of the girls were not sent to school for studies. Female literacy was very low. Women had no means of earning.
- (v) Both groups were totally against giving girls share in the property.
- (vi) Insecurity was being felt in all walks of life. Women and girls are handled roughly at home and beaten up if they protest and even a little.
- (vii) 'Purdah' is prevalent and women are not allowed to work in the fields primarily because of this practice. Even the woman Panch also had not been able to overcome this taboo. Women were not allowed to sit in the presence of the men of their family. Women wage labourers left their children at home in the care of their daughters.
- (viii) Mahila Mandal is inactive.

Section 4

Summary of findings and conclusions

1. General overview

The present study was carried out in seven districts of two states, namely, Amritsar, Faridkot and Patiala in Punjab and four districts of Haryana, viz., namely Kaithal, Kurukshetra, Jind and Hissar. In all 1050 households were visited in 28 villages and 7 urban locations in these seven districts to collect information on the issues related to the problem of sharp decline of sex ratio in the age group 0-6 years. Fourteen focussed group discussions were held. The doctors, other health officials and 64 dais were also interviewed.

The analysis of field data supports very well the census data and findings of SRS estimates regarding variables of declining sex ratio. The present study also validates the social evidences generated by earlier studies regarding low status of women/ neglect of the girl child and the strong son preference that is acquiring an epidemic proportion in this era of small family and burgeoning technologies.

It is also very pertinent to state here that the strength of the study lies in the qualitative analysis based on participatory field research using ethno methodological frameworks. The quantitative data supports the qualitative findings. The households survey was not only mere collection of data on a structured schedule but were highly interactive situations in which all the available family members, neighbours participated along with the main respondent and discussed the issue under consideration with a lot of enthusiasm and concern. They gradually grew to show heightened awareness of the sort and long term consequences of the phenomenon of sex selective abortions, a) on the physical and mental health of women, and b) the sociological consequences of gender imbalance in the population. The sample characteristics match well with universe suggesting the reliability of the sample and the field data.

The village profiles gives us the idea of not only socio- economic and demographic variations of the households but also reflects through the medium of focussed group discussion (FGDs), the perceptions of the premier leaders of the villages both males and females. Members of the panchayat, Mahila Mandals, Anganwadi workers, teachers and other grass root health and development functionaries all became part of the discussions with the members of the research team.

2. Analysis of Household Schedule

Although the study was conducted separately in both the states but the differences in the responses were negligible. The differences were only in the language and dialects but the feelings and expressions were common. Hence the findings are presented together. Both states are advanced in terms of infra structural development and prosperity levels. Virtually every village is well connected with pucca roads and is electrified. However, the sanitation and drainage remains a big question mark. Women continue to be handicapped for lack of proper lavatory facilities. They continue to go out to answer the call of nature before sunrise / after sunset, which is a health hazard as well as a safety hazard.

- **Incidence of child deaths:** Out of the total infant and child deaths reported by the families in the age group 0-5 years, two thirds in Punjab and 73 percent in Haryana were girls.
- **Causes of infant and child deaths:** Major causes of infant and child deaths were found to be dehydration on account of dysentery, diarrhoea, typhoid and undiagnosed fever. It is interesting to observe that in Punjab amongst the 31 deaths due to the unspecified reasons 23 were of girls indicating an attitude of indifference towards the illness of girls.

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- **Medical attention received by the child during illness :** The field data, both from Punjab and Haryana support that for girls home remedies were considered the best where as for boys medical attention was sought immediately.
- **Reasons for son preference** Reasons given for strong son preference were: (i) sons carry on the family name was stated by 91 % respondents in Punjab and 80% in Haryana ; (ii) sons are provider and supporters for the old age by 95% respondents in Punjab and 80 % in Haryana , (iii) sons are required to perform last rites was stated by 50 % respondents in Punjab and 28 % in Haryana . It is very interesting to note that less than 5 % respondents in Punjab and only 15 % in Haryana admitted dowry from the bride as an important reason for son preference.
- **Reasons for not wanting daughters :** In all the sample households dowry and wedding expenses for daughters was seen as one of the main reasons for not wanting daughters in the families by 98 % respondents , followed by lack of personal security of girls and women by 87% respondents and inability of girls to look after their parents in the old age stated by 87 % respondents in both the states . Family violence , wife beating also emerged from the analysis as important reasons for not wanting girls by 44 % respondents in Punjab and 80 % in Haryana . Ill treatment of a mother of female infant by the families was cited as a reason for not wanting daughters by 85 % respondents in Punjab and 87 % in Haryana. The women feel they do not want their daughters to suffer the same fate as them, to be tortured and maltreated or even burn for not bringing in enough dowry . It is positively their poor self-esteem and life full of indignities that prompts them to annihilate their own species.
- **Birth celebrations:** Both in Punjab and Haryana sweets are distributed when a son is born whereas in case of girl's birth, only six percent families in Punjab and 3 % in Haryana distributes sweets . Similarly *Puja* and other rituals were performed for the birth of boys as stated by 41 % respondents in Punjab and 75 % in Haryana whereas for girls only 20 % household performed same rituals in both states.
- **Immunisation :** Interestingly, gender discrimination in immunisation was not reported in both the states . This may be because of the fact that this facility is being provided by the government at the doorstep and free of cost. Researches show that in certain countries as soon as some charges were laid down for immunisation, parents of female children had stopped availing this facility.
- **Breast feeding:** To begin with the general response as regards breast feeding was that no discrimination was made between male and female infants . However, in depth probing finally made them admit that girls are breast fed for a shorter duration compared to boys as it is believed that conception does not take place if mother feeds the baby. Therefore, pressure is always built upon mothers of the female infant to wean them early so that the next conception takes place early to bring in a son.
- **Awareness regarding methods of sex detection :** In both states nearly all the respondents were aware about the sex detection tests by way of ultrasound machines. None of them had ever heard of amniocentesis and other sophisticated techniques
- **Source of information :** Major source of information about the availability of sex detection tests were the health workers such as ANMs, dais, LHV's who had the knowledge as to where such facilities were available and how much they costs . Advertisements through billboards and hoarding about availability of such facilities were found very common in both the states with slogans " spend now, save later", "get a child of your choice". The motto is spending now than latter. "Expenditure of five hundred rupee now will save your five lakhs later".
- **Agents of abortion :** Private clinics and government hospitals . PHCs were reported as the major agents of abortion after sex detection . At the time of field work it was found that family planning targets for the government health workers motivated them to entertain abortion cases on a large scale and pregnancies were terminated even in the second and third trimester . In both the states dais were also found to undertake abortion cases at some scale

- **Levels of legal awareness :** The level of awareness about various laws under which violence against women and their harassment is a punishable offence was found to be very low among the respondents in both the states. There was a total ignorance about medical tests employed for sex detection were misuse and these tests were meant for detecting any malformation of the foetus or other complications about the health and position of the foetus. Banning the misuse of the medical tests for sex detection was not known to them. The common perception was that these *doorbeens* (ultra sound machines) has been used for the purpose of finding out the sex of the unborn so that the family size can be reduced.
- **Awareness about Developmental Schemes :** The level of awareness about different developmental schemes and programmes of the government such as DWCRA, TRYSEM, JRY was found to be very low. It is pertinent to say that respondents were quite aware about the immunisation programme of the government but their exact purpose was very superficial. They saw these efforts of government as something in their interest. Since the programme is providing free of cost and available for them at their doorstep, and hence co-operated.
- **Gender role perceptions of respondents :** It was found that every one favored that boys and girls need equal education, equal food, equal health care. But in practice there were differential feeding practices, unequal educational and health care and girls continue to be treated as of little value compared to boys. It was very surprising to note that respondents were not in much favour of giving equal freedom to boys and girls; and giving equal share in ancestral property.

Suggestive Interventions by the Household Respondents

- Effective implementation of law for banning pre natal diagnostic tests for purposes of sex detection
- Effective implementation of existing laws especially concerning property and inheritance rights / laws against dowry, rape, molestation, eve teasing and creating a safe threat free environment for girls and women
- Information, mass campaigns for generating awareness among people for existing laws, developmental schemes and programmes.
- Provision of better education and health care for girls and women with special focus on raising their self esteem and the capacity to safeguard themselves against any kind of violence or indignities
- Education to focus on generating a positive self image and self confidence in girls and enough mutual sensitivity and respect between them and boys
- Gender sensitisation of all concerned.
- Reservation for women in jobs, state and national legislatures, panchayats and municipalities

3. Interviews with Dais

In all 64 Dais were interviewed in the seven study districts of Punjab and Haryana for ascertaining the reasons for the highly adverse sex ratio in the age group 0-6 years. The responses of the Dais are as under.

- 41% of these Dais claimed they could foretell the sex of the fetus on the basis of their experience
 - "If a boy, the belly protrudes outwards"
 - "If the line from the navel to the pit of the stomach is straight it is a boy, if crooked, it is surely a girl"
 - "By observing the position of the foetus, girls to the right boys to the left".
 - "By the foetal movement which is weak in the case of girls"
 - "By feeling the ribs of the pregnant woman"
 - "By observing as to which foot is lifted first by an expectant mother"
 - "By the type of food preference of the expectant mothers"

They finally conceded that it was largely guess work (*tukka*).

- The dais reported that women perform *pujas*, observe fasts ; wear a *taveez*, go to the *Sadhus*; chant *mantras* (*jaap*); and observe other rituals to beget sons
- The Dais reported that for boys in all cases, the families distribute sweets and carry out *puja* (37%); and even special *sangeet* sessions are organised. For girls, nothing is done
- Close to 90% Dais were aware of the sex determination test done by a *doorbeen* . Practically none knew about amniocentesis or any other technique for this purpose.
- Nearly all of them reported (90%) that these tests were done by the private doctors in nearby urban areas and the expectant mothers were accompanied by their husbands mostly "Now some doctors bring these machines to the village in their vehicles"
- 50% reported that the abortions are carried out in private clinics, 37% in government hospitals and health centres and about 13% by others.
- According to them the major killers of infants are diarrhea, dysentery, dehydration, vomiting, diphtheria and malaria. More male infants die although the families take a lot of care and try to get some medical help for boys ; but not for girls.
- All of them stated that they receive gifts in the form of money, sweets, even new clothes when they deliver a boy but get nothing when the girls are born nor do they expect anything. In fact a great majority (78%) stated that they feel awfully bad when a girl is delivered (*dukh lagta hai*). Many stated that they even try and console the mother as the family suddenly becomes very cold towards them and these young mothers often cry when they come to know they have given birth to a girl. " Khushi to ladke ki hoti hai. Sab khush hote hain" (If a boy is born ,everyone feels happy and so do we). They state there is gloom all round when a girl arrives and "when the parents feel sad, we cannot remain unaffected" " When a girl is born, we just keep quiet and they at once understand it is a girl" "The desire for a son is centuries old (*sadiyon se chali aye hai*) Even the educated want a son for sure and two preferably" The parents feel very sorry and dejected and others around them show sympathy at the mishap

- In a rural dispensary on the Delhi Haryana border, it was observed by the junior resident doctors that the Dai would announce the birth of a boy by banging a *thali* (a brass or a steel plate) and for girls an earthen pot is broken by throwing it on the ground
- By and large, the dais appeared to favour equal education, equal amount of food, equal health care and medical attention for both boys and girls. They gave egalitarian responses to other statements. They believe that both boys and girls can be assigned same duties, responsibilities, and can perform all tasks equally well
- Two third of the respondents were, of course , against equal freedom to boys and girls

4. Interviews with Doctors and District Officials in Study Districts

- There is mourning on the birth of a female issue as she is considered a result of some evil karmas
- A mother loses all respect if she delivers a female child
- A female baby is born healthy but due to negligence falls prey to diseases and ultimately dies. We see more malnutrition in girls than in boys.
- Devalued as females , even mothers do not want to give birth to girls and insist on abortion
- A girl is considered a burden on parents as she comes in with a liability of dowry. Besides educating them, huge amounts are spent on engagement, wedding. The rich can afford and carry on several ceremonies as part of the marriage alliance such as Akha Dekha, rokha, kudma, entertainments of barat, actual wedding and after all this the father of the bride stands with folded hands before the boys parents. Earlier this was a custom of *pagri* by the girls father and putting it on the feet of the boy's father.
- Due to problem of insecurity , for ages people of Punjab and Haryana want only a male child. Son preference is also there for the continuity of the dynasty and for the performance of the last rites of the parents
- Women in Punjab and Haryana are deprived the right of self expression. They do not get enough nutrition food which results in diseases like anemia , and infections. A woman is not allowed to come alone to urban areas for medical check ups. Social tensions have created health problems for women. Female patient is brought to the hospital or to some private clinics when she is about to die. There is lack of attention and neglect of women
- Malnutrition has become a problem for us. Female patients are usually anemic and have very low hemoglobin and yet they are ready for the abortion of female fetus several times without caring for their health till they get a male child. Rural women work more and eat less. It affects their health tremendously
- In villages as well as in urban areas people are in favor of sex tests. This facility is only in private clinics of urban areas. Patients go for sex tests. Even if they have one or two

5. Focussed Group Discussion (FGDs)

Major Findings

- All the panchayat members ,mostly males, were not conscious of the low sex ratio in the villages. However, women's group showed more awareness of this rampant malady and were very vocal. Most of the villagers were not aware that the female count had indeed fallen. On being sensitised on this issue, they could visualise the numerous problems it would create. On being asked to think further on the issue of declining sex ratio among small children, the women stated that crimes against women will escalate, polyandry will come in and unmarried males will further harass women and become disoriented themselves. One group of women mentioned that already the ill effects are surfacing and they mentioned the case of the abduction of an eleven year old Rajput girl by another Rajput family for forcibly marrying her to their son. " As it is we are brutally handled by drunken husband and their mothers. Cannot go back to our parents, our fathers and brothers are the same. Streets and fields are unsafe because of other men. It is a curse to be borne a woman"
- Women were convinced that declining sex ratio would be hazardous as one of them put it " boys would roam around on the streets with nobody to marry them if girls are killed " (*Yadi Ladkian aise hi mari jati rahi to ladke aise hi sarkon par ghumte rahenge, sadi karne ke liye koi nahin hoga*)
- That female feticide is taking place, was admitted by all groups. Women are reportedly going to private doctors for sex detection and if the foetus is female, it is aborted.
- Elderly women repeatedly complained that they were totally against this. The young women go to the cities along with their husbands for ultra sound without consulting us. They do not even inform the elders in the family. *Apni manmani jo karti hai*. We don't approve of this killing of girls in the womb "This is *Hatya* (murder) " The young women were against the birth of daughters because they were themselves victims of suppression and did not want the same fate for their daughters.
- Majority were aware about the ultrasound machines (*doorbeen*) for sex detection tests. In the women's group, women (especially those belonging to agriculturists Jat families) had heard about ultrasound tests whereas women belonging to SC and backward communities had no idea about it. The villagers were of the opinion that the government has given the ultrasound machines to the doctors and the hospitals as a device for family planning and for reducing the number of child births. Government should ban sex detection tests and withdraw all these machines from the private doctors and clinics. There should be exemplary punishment for defaulting doctors. Media can also put this topic on the headlines for a period to create an environment for condemnation of this heinous act.
- Main source of information about sex detection techniques for the women in the villages was through the continuous interaction with the health workers such as ANMs and *Dai* in the rural areas. Bill boards and hoarding were mentioned by several especially outside private clinics.
- Women feel they are an exploited lot. Some men also admitted that " a man lives off the woman's labour " Still others had appreciation for daughters and stated " a girl is loyal to the parents for ever, the boys once married forget us"
- Strong son preference and low valuation of female life was evident. All groups unanimously said that at least one son is essential. They were of the view that they do not want girls to be born as the environment in the villages is not safe for girls. This attitude was mainly due to a lack of security and lawlessness that is prevailing everywhere.
- The respondents said that having a girl means a financial burden. For them a son is essential as he carries on the family name and is needed to inherit the property. The common saying is *beta chur*

Ka-Chirag Hai " (a son is like a light in the house) A girl is a life long liability. Dowry is heavy and the wedding expenses are high.

- Dowry was prevalent in the villages amongst all social classes, only the scale differed. "You feed her, clothe her and even educate her. Still one has to spend lakhs on the wedding and later forever and ever, the parents have to give her on birth of her children, their marriages and even on her last rites. Dowry Prohibition Act should be enforced strictly
- Education for girls was again on a low key because of lack of middle and high schools in the villages. In the discussion with women, it was found that girls are withdrawn after primary school generally as parents do not like their daughters studying in coeducational schools. Only girls who were good in studies were allowed to study up to class VIII. Lack of safe transport and regular bus service was mentioned as a reason. They wanted schools to be upgraded so that girls can continue studying. All primary schools to be upgraded, with separate schools for girls to reduce drop outs among girls. Adult education centres to be opened with vocational education, legal and environmental literacy
- Early marriage and young often unsafe motherhood is prevalent. Their knowledge of legal age of a marriage has not affected their thinking.
- There are many ceremonies and gaiety in the families when a boy is born, but this is missing when a girl is born. The girl's mother is ill considered by everybody. At one place there was a statement that a 40 year old woman had 6 daughters and had got her seventh pregnancy terminated when ultrasound tests showed that the foetus was female
- Health facilities are very low. The Primary Health Centres (PHCs) have no doctor or para medical staff. The villagers had to go to urban centres for treatment, minor or major. Family planning centres should be opened within the village, so that women can have free access to the centre in making any inquiry about methods of family planning.
- Among the Muslim community the practice of family planning methods was absent by and large and the incidence of ultrasound foetus verification was not noticed. Female feticide was not practised but neglect of the female children and women was as bad as that among other groups in matters of health and medical care. Special efforts should be made by the government and the Voluntary Organisations to look after the problems of Muslim women in the rural areas
- Most men were against giving property rights to the daughters. Some men blame the girls who did not want share in property, preferring to leave for the brothers and others were of the view that the girls should have share in the marital property not in the parental property.
- The status of women in villages was found to be low. Income generating activities should be launched in the villages. Training and skill development of women for self employment schemes to be started to raise their status. Credit facilities to be available for women in the village itself.
- They have little say in decision making. Abusive language is generally used to run women down. Liquor was referred to as a major curse by women for their undoing as drunken husbands batter their wives. Wife battering was more prevalent in Haryana. Mahila Mandal needs to be activated so that any problem faced by the village women can be handled collectively.
- The perception of gender equality of most of the respondents was very adverse towards female. They were not in favour of giving any freedom to their daughters due to lack of security. They also added "*Gundagardhi itni badh gai hai ki apni lalkhi ko bahar nahi bhej sakte*". Girls were kept indoors tending to household chores. This encouraged dropouts from school and early marriage of girls. Law and order situation must be tightened. Awareness generation programmes should be organised in the villages to sensitise people on education, health and family planning issues

5. Interventions suggested by the FGD group members

Policy interventions

- Spread the message that killing girls in the womb is murder and will be punished
- Give punishment to the doctors who use these machines and carry out abortions. Imprisonment and other punishment can stop this misuse of the machine. The doctors and health workers who carry out this heinous crime should be punished heavily and publically shamed by the Panchayats and women's groups
- Whosoever goes for the ultrasound should be publically shamed by announcing over the loudspeaker and the person who conducts it should also be given the same treatment through "Munadi" (or public declaration)
- Confiscation of ultrasound machines from private doctors, and their relocation in hospitals and medical colleges is needed. Only government hospitals should have these machines.
- Villagers said unanimously that if the issue of declining sex ratio is publicised heavily by media campaigns there would be some positive results. Though they were aware of sex determination tests, they were not aware of the ban on this practice. "Government needs to give top priority to this issue by making this law strict and by removing any loopholes"
- Orientation of doctors ANMs, Dais and other development workers on the issues of declining sex ratio
- Women to be provided old age pension and free health care and other facilities to reduce their dependence on sons.

Awareness , and collective action

- Educated women amongst us should form an awareness generation group and lead the process of change. We can face the problems collectively, not singly.
- The group stress need for awareness and information on various aspect such as nutrition, education, laws
- The women's group said that "More women like you should come to the villages so that we become aware and these men become reasonable "
- Women wanted more funds and decision making for the functioning of the Mahila Mandal which exist only on paper. As the Mahila Mandal was usually dominated by the wife of the sarpanch, women wanted that other women groups should be organised so that action could be taken against families who were found practicing female feticide

Such families should be ostracized. (*Unka Hukka Paru Band Kar Dena Chahiye*)

- Another suggestion was that a village committee for generating awareness amongst villagers on such issues be formed. They felt there was a need to organise systematic programmes to educate the public.
- Security in the village needs to be tightened up by a group of vigilant people. Panchayat should take initiative in making the village safe for girls and women.
- Literacy, awareness including health component to be imparted forthwith. Education of girls must be encouraged.
- Women panches should be given proper orientation and training imparted to make Panchayat Raj effective.
- Mahila Mandal needs to be activated and made functional. The group express need a training of Mahila Mandal members. "We need training and funds", echoed members of mahila mandals. (*Programme karoge hamare liye, to ham seekhenge*)
- Awareness of women should be enhanced on various issues like education, family planning etc. Through a series of orientation programmes, N.G.O's can help us in this area. Still more important is to beam these programmes on men, felt the women's group. They felt there was a need to organise systematic programmes to educate the public. "Awareness is not enough in women only somebody should tell to men to change their behaviour and attitude. So address them", stated a woman leader.
- After the discussions the groups proposed that large scale media campaign should be organised by the government to create strong opinion against ultrasound tests or sex detection and abortion of female fetus.

Law and order

- Effective implementation of the dowry legislation must be done, as it is causing a lot of problem for not so well off sections. Legal provisions relating to women need to be strengthened by implementation.
- Women wanted some assistance as they were constantly the targets of obscene abuses and beating by their husband. Women wanted liquor shops to be closed because men became unruly and violent in drunken stage.
- The village are not safe for girls and women to move about law and order situation needs to be improve.

- Strict implementation of laws such as Dowry Prohibition Act, Hindu Code Bill should be done by the Government. Educated women should come forward and help us form a body and to raise a united voice against social malpractices such as dowry, polygamy, early marriage, bride burning etc.
- Negative social practices like dowry should be removed by building public opinion and strict enforcement of the provisions of Dowry Prohibition Act.
- The government should ban not only ultrasound but also the liquor shops and excess expenses on marriage and dowry, giving "only some can afford to give dowry, the rest can not afford".
- Law and order should be improved. The woman Sarpanch was of the opinion that as politics nowadays is criminalised, panchayat and its functioning should be a political.

Role of NGOs

- Special effort should be made by the Government and the Voluntary Organisations to change the attitudes of muslim women in particular. Their education should receive prime attention.
- The group felt communities should organise vigilance group to fight lawlessness.
- The group pointed out to the need for voluntary agencies to come and support the community efforts.

Education, training and employment of women and girls

- Education is the main remedy observed both men and women's groups unanimously. Hence formal and non-formal education should be organized on a large scale.
- Free education for all girls will lead to more awareness and hence better status for women in the village. Villagers in Punjab also wanted incentive schemes for girls' education (on the lines of incentive schemes for girls' education in Havana).
- The groups expressed the need for separate Middle, High School for girls. As only a few families were sending their daughters to a high school in hired vehicle it was expressed that the law and order situation is very poor, a needs to be set right.
- Primary schools should be upgraded. Separate school for girls after primary is a must.

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- Primary schools should be upgraded Separate school for girls after primary is a must
- More female teachers should be posted in middle schools
- Separate schools for girls are required to reduce the dropout of girls
- Vocational courses should be introduced at the middle stage.

Women's development

- The government should launch a large number of schemes for improvement the situation of girls and women
- Give skill training to women
- Income generating activities should be launched in the village as also self employment schemes so that women become self sufficient. Training should focus on generating self employment
- Encouragement to small scale-industries (unit) for women
- Credit facility to be provided to the women
- Family welfare centres should be opened within the village, so that women are made aware of family planning measures Adults should be educated, especially in the age group (20-30) on these matters
- Give more jobs to women, then their value will go up Reserve jobs for women Sufficient reservations for women in jobs will raise the low status of women
- They also suggested incentives for parents of girls so that bringing up a girl is not considered a burden
- Reward/Prizes for the encouragement of the parent's of daughters
- Education, training, vocational educational and general awareness to be given to all women, so that they start earning This will change their situation, felt the male group

Conclusion

- i) It is painful to note that the present study confirms that the age old practice of female infanticide prevalent in the north western plains of India especially in Punjab and Rajputana, is revisiting the present states of Punjab and Haryana in the most virulent technology induced form of femicide, namely, female foeticide. These two agriculturally prosperous states of India rank high on SDP (State domestic product) per capita and have well developed infrastructural facilities like metal road connectivity, electricity, water, irrigation, telecommunications, education and health institutions, and, yet girls in these states are doomed before birth. The mother's womb that is supposed to nourish and nurture new human life virtually becomes the tomb, once it is detected that the unborn one is a female. There are villages where there are fewer than 50 to 70 girls per hundred boys in the districts that were studied in both states
- ii) The study speaks volumes about the unholy collusion of the parents and the medical personnel who carry out this ghastly act of destruction of the female fetus without any qualms of conscience and even continue to justify the same. The reasons offered are extremely high dowry and wedding expenses, poor law and order situation that makes parents wary of bringing up girls in highly unsafe social environment, and, the likelihood of the daughter being maltreated or even killed for dowry.
- iii) The motto appears to be *spend now, save later / end now than later*. A primary school teacher had aborted three female fetuses in a row in order to get a son in one of the villages in the study. Her first issue was a female
- iv) The communities and the authorities are aware of this rampant malady but have not yet become alive to the long term demographic and social imbalance that would be caused if this phenomenon continues unabated. The lay villagers consider this as not only a socially sanctioned practice but also perceive sex detection and abortion services as part of the population control strategy of the government. According to them these *doorbeens* (ultra sound machines) have been distributed by the *Sarkar* for reducing the population of the country.
- v) A major finding is that people have not even heard of tests like the amniocentesis and largely the sex of the fetus is being detected by the ultra sound machines and not early enough, and, hence, unsafe abortions are carried out in the second and even in the third trimester at considerable risk to the expectant mothers
- vi) Further, discrimination against the female infants and children in dispensation of the basics of food, health care and education is evident and reflects the extremely low valuation of female life in this region and the low status of women in general and their poor economic participation and near absence in legislative bodies and decision making.
- vii) Economic prosperity does not necessarily bring equality and well being to women who continue to be exploited in new forms. The green revolution in this region has yielded only more work for women as they now support the white revolution as unpaid attendants of the ever increasing number of milch animals in the households as men enjoy leisure on account of mechanization of agriculture and squander their time and wealth on liquor and cards and betting, among others. Also, it is considered highly preposterous that daughters be given equal rights in property and hence their birth is best averted. It is considered more convenient to dispose them off as fetuses rather than having to wait for their birth and then killing them. As noted above huge dowries and wedding expenses are cited as a major reason for avoiding the birth of daughters by our respondents in Punjab and Haryana
- viii) Our assessment is that in the north western plains, in fact in most of the northern plains, females are of little worth as they participate very little in the river/irrigation fed generation of food and cash crops compared to the high participation of women in rice cultivation and among the coastal fishing communities below the Vindhyas. Another, *exogamy* is practiced very widely in the northern plains by and large which assigns a temporary household member status to the girl in the natal home and as

an eternal outsider in the husband's home. Contrast with this the endogamous marriages in Southern India where a girl is less likely to be an alien in her husband's household on account of cross marriages and inter marrying.

- ix) Suffice it to say that the study marks the beginning of a search for more meaningful explanation of the phenomenon of female feticide and continued indirect killing of female infants and children through sheer neglect and discrimination in the states of Punjab and Haryana. The people of this area have learnt to live with the idea that female infanticide is nothing untoward and is in the best material interest of the society, has had direct and indirect religious and social sanction and so now "what is the harm if the process is made less cumbersome i.e., rather than carrying a baby full term and killing her after her birth, it is better to destroy her before birth regardless of the physical costs to the mother or the social costs in the future".
- x) Women have for thousands of years grown to hate their own species on account of the values of this severely patriarchal culture which disallows even food or rest or care to the mother of a daughter and where only by giving birth to sons do they qualify for some concessions. Women regardless of class and now even caste go in for sex detection and get female fetuses aborted. The husband and the family cause this urge to destroy their own species among women and the family who are the chief abettors.
- xi) The mad race for material goods and, consumerist greed drives the doctors and the dais to nefarious uses of the technology and they only appear to be responding to the social demand to destroy the female fetus. They may belong to a noble profession but having originated from the same societal set up, do not see sex detection as an unethical use of technology but as merely facilitating a social need. 'They will kill them anyway later. What is the harm if they get rid of them earlier. Tell me what will a person with five daughters do with a sixth daughter. This method will keep the family size small and increase the value of girls perhaps in the long run' (Apropos a civil surgeon in a government hospital I).
- xii) The heartening part is that the remedies proposed by the respondents are more in the nature of the preventive than the punitive. Punishing the defaulting doctors and canceling their medical licenses, withdrawing all ultra sound machines from the private practitioners and locating them in government hospitals for express medical use only, were some of the punitive methods proposed. Majority saw education of women and their empowerment through meaningful economic and political participation and mass mobilization through all media especially the electronic media for creating awareness on the long and short term ill consequences of declining sex ratio and the adverse effects of such tests and abortions on the physical and the mental health of women themselves and the communities in general.
- xiii) The Prenatal Sex Determination Technique (Regulation and Prevention of Misuse) bill of 1991, passed in 1994 can at best be an expression of disapproval of the heinous crime of female feticide by the policy makers and cannot cause a whole scale change in the psyche of people obsessed with sons and who are not willing to make daughters partake in their wealth. Living, she takes away their wealth in dowry and is now a claimant on the land and the immovable, at least, legally. So, who wants daughters anyway!
- xiv) There appears to be only a single explanation for this dangerous phenomenon and that is the extreme low valuation of female life and the low status accorded to women in this part of India. The material prosperity of the two states under study appears to have created more adverse conditions for females on account of the abuse of modern science and technology. Female infanticide is replaced by female feticide. Millennia old son preference continues in this land of Aryans which had always made special prayers and offerings to beget sons only.
- xv) In a world so very concerned about the conservation of bio diversity, it is strange that millions of females disappearing each year have yet not caught world wide attention. The GDI and the GDM are silent about active and passive violence against women their natural and unnatural killing and decimation. Will bio diversity experts and proponents think of the female species among the humans, harder than males biologically but maimed and bruised sociologically.

Select Bibliography

- Bhatia, J C , " Ideal number and sex preference of children". *The Journal of Family Welfare*, vol XXIV, No 4, 1978
- Bumiller, Elizabeth *May You be the Mother of a Hudred Sons: A Journey among the Women of India*, Random House, USA, 1990
- Chabra, G S, *The Advanced Study in History of Punjab, Vol. I (Guru and Post Guru priod upto ranjit Singh*, Sharabjit Pubulications, Jullunur City
- Dandekar Kumudini, " Why has the proportion of females in India's population declining?", *Economic and Political Weekly*, Delhi, 4 October, 1975
- Ghadially, Rehana (ed.). *Women in Indian Society*, Sage Publications, 1988
- Gulati, S, *Women and Society – Northern India(in 11th-12th century)*, Chanakya Publications, New Delhi, 1985
- " Declining sex Ratio in India, *Indian Express*, Bombay, 15 December, 1991.
- Ghosh, Shanti, " Born to Die", *Statesman*, New delhi, 24 November, 1985.
- Ghosh, S.K , *Indian Women Through the Ages*, New Delhi, 1989
- Gupta, Kamala, *Social Status of Hindu Women in Northern India (1206-1707 A.D.)*, Inter- India Publications, New delhi, 1987
- Mehra, S , *Revolution and Status of Women in India*, Metropolis Book Co. Pvt Ltd, 1982
- Kaur, M M, "Role of Women in Freedom Struggle in Punjab" in *History and Culture of Punjab*. Atlantic Publications, New Delhi, 1988
- Mies, Maria, *Indian Women and Patriarchy*, Concept Publishers, New Delhi, 1980
- Nayar, Usha, *From Girl Child to Person; Resource Materials for Primary teachers and Head Teachers*, Commissioned by UNESCO, and published by the UNESCO, 1995
- , UNICEF Study on Situational Analysis of the Girl Child in Rajasthan- *Hamari Betiyan*, 1989
- UNICEF Study on Education of the Child in India with focus on Girls, 1989.
- UNICEF Case Study of the Girl Child in India: Survival Protection and Development for Inter Regional Consultation on the Girl Child, Anand, Gujarat, 1994 (Resource Person)
- *Universalisation of Primary Education of Rural girls in India*, 1993 NCERT (Commissioned by UNESCO and published by the NCERT)
- NCERT - MHRD District Primary Education Programme Gender Studies in 44 Low Female Literacy Districts in 8 states, viz., Assam, Maharashtra, Haryana, Madhya Pradesh, Karnataka, Kerala, Tamil Nadu and Orrissa 1993-94

- **Traditional Practices Affecting the Health of Women in Asia and the Pacific, Background Document or the Regional Workshop on the theme organised by the UN Centre for Human Rights in Colombo, 1994.**
- **Education of the Girl Child in India: A Fact Sheet 1991, published by NCERT.**

Premi, M K., India's Population: Heading Towards a Billion, Delhi, B R Publishing Corporation Pvt Ltd, 1991.

Punjab Census Reports, 1881, 1901, 1911.

Rudra, A., "Cultural and Religious Influences". in Indian Women. Publication Division. ministry of Information and Broadcasting, Government of India

Saini, B.S., The Social and Economic history of Punjab: 1901-1939, ESS Publications, new Delhi, 1975

Sharma, Ursula, Women, Work and Property in North West India, tavistock Publications, London, 1980.

Singh, K.P, " Sex ratio in North Western Region: A Sociological Study ", unpublished paper presentes at the XV IASP Conference, Trivandrum, 1991

UNDP, Human Development Report, 1995

United Nations, The World's Women, 1995, Trends and Statistics

WHO/UNICEF 86.2, A review of gender discriminatory health and nutritional practices in different cultures and reasons for son preference and daughter neglect.